reason for going into group practice? What's

# **Medical Economics**

ask the advice of other solo doctors in town? physicians to show some resentment toward a n do to reduce resentment from solo men? Can of it in a small town? What about the charge great metropolis? What's the ideal size for a pecialties with the How larg Would I be likely to earn more woney in group Can a group start with a stall initial invest or a group to build its an building? What fee rge? What are the most popular ways of dividi s the best wes i dividing group income? What ncome usually goes for expenses? How can I te grot member? How many employes does a group p need a business manager? est wa nge patients idea

Also in this issue . . .

Don't Be Deceived by 'Low' Interest Rates
Why They're Steamed Up About Relative Value Scales

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# **Medical Economics**

#### NEWS BRIEFS

COUNTRY FOLK CAN GET HEALTH INSURANCE through their Sears, Roebuck catalogue now. Sears' subsidiary, Allstate Insurance, is using the book to offer a new policy that covers practically everything from doctors' bills to accidental death.

HOW MANY SURGICAL OPERATIONS are performed in the U.S. each year? The U.S. Public Health Service says the figure is now "well over 10,000,000."

MORE M.D.-INFLUENCE IS NEEDED in nursing homes, one recent grand jury report indicates. It tells of an unlicensed Indiana home in which "toenails were pulled from [patients'] feet as punishment." The report blamed these and other tortures on an "appalling lack of supervision of nursing homes."

DON'T BE MISLED by reports of the new simplified tax form (1040W) that may be used by people earning over \$10,000. Most doctors can't use it. It's for people whose income is nearly all from salary.

MEDICAL ECONOMICS · OCTOBER 12, 1959 ]

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#### NEWS BRIEFS

"PATIENTS ARE BEING TURNED AWAY...or sent out of the state by physicians afraid to attempt proced ures involving...risk." So says a recent report Good Housekeeping on how the high incidence of injury suits is affecting medicine in California

SUIT TO GAIN CONSENT for surgery on a minor has been filed in Kansas by the minor herself: a 19-year-old girl who doctors say needs a brain operation. A non-M.D. "healer" has told her parents not to consent, and they won't. She's suing to be declared an adult, so she can consent for herself

BIGGEST OF ALL MALPRACTICE SUITS—a claim for \$100,000,000—has been filed against a New York psychiatrist by the widow of an ex-multimillionaire. The charge is that the psychiatrist was in conspiracy with the multimillionaire's relatives some years ago when he signed papers committing him to a mental hospital. This caused the man to lose control of a \$900,000,000 estate.

RADIOLOGIST'S NEIGHBORS ARE WORRIED: When Dr. L. B. Batlan recently announced that the office he's building in Rutherford, N.J., will have 2 X-ray rooms, 29 of his neighbors complained to the city council about the "radiation hazard." Their fears were calmed only after Dr. Batlan revealed that a physicist had helped him plan the office.

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TAX CRACKDOWN ON INTEREST INCOME is planned by the I.R.S., says U.S. News & World Report. Agents have begun a check of how much interest goes unreported.

UNION-SPONSORED MEDICAL SCHOOLS are the latest project being considered by labor. Harry Van Arsdale, president of New York's Central Labor Council, says that 26 major New York unions are planning to build their own hospital chain, set up their own health insurance system, and possibly build their own medical school. Existing medical facilities, he charges, are "under the control of big business and the hospital administrators."

MORE AMATEUR OB SPECIALISTS? One airline, after disclosing that 8 passengers had given birth during recent flights, says it plans to increase its stewardesses' training in "obstetrical aid."

"SELF-CENTERED SPECIALTY BOARDS" are causing "jurisdictional fights" in hospitals, says Dr. Stanley Dorst, dean of the Univ. of Cincinnati College of Medicine. He says each board can autonomously "impose upon the hospitals...the precise [training] program which must be followed...Several boards have [proceeded] to extend their fields of operation at will." The resulting conflicts "reflect the attitudes of labor unions." His Rx: Give some new "moderating body" control over all the boards.

MUDICAL ECONOMICS · OCTOBER 12, 1919 3

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#### NEWS BRIEFS

2 STATES' M.D.s HAVE NOW REFUSED the A.M.A.'s request that they set up a special Blue Shield contract for the aged. Oklahoma doctors vetoed the plan at their recent state society meeting. Texas doctors took the same step some months ago.

DON'T TAKE A CHANCE on less than \$100,000 malpractice coverage, New Jersey doctors are being advised by their state medical society. Reason: In the past 7 years, the number of liability claims filed in the state annually has doubled; their value has jumped from \$5,000,000 to \$20,000,000.

A LOYAL PATIENT who, after moving to California, made yearly trips back to New York for check-ups by an internist "in whom he had confidence" has been allowed to include the cost of his trips in his medical deduction. Said the Tax Court: "We know of no rule of law that would require [the patient] to seek out another physician in Los Angeles as a substitute" for his New York doctor.

DOCTORS AREN'T LIABLE for mishaps that occur while they're giving emergency treatment, a new California law says: No doctor "who in good faith renders emergency care at the scene of the emergency shall be liable for any civil damages as a result of any acts or omissions by [him] in rendering" the emergency treatment.

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New revitalizing tonic brightens the second half of life!

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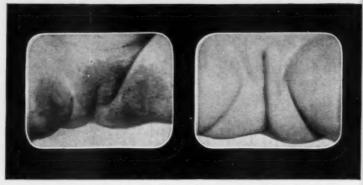
2. Bachrach, S.: To be published.

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# **Medical Economics**

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, OCT. 12, 1959

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#### Why They're Steamed Up About Value Scales . . . . 85

If private practice is to survive, doctors' fees and health plan payments have to be correlated better, many medical leaders say. They see relative value scales as the key. Here's what such scales may mean to your practice

#### Cash in Advance? 'Bad Medicine, Bad Business!' . . 93

The tougher you are on potential deadbeats, the more harm you do yourself and your colleagues, say these doctors

#### Should You Buy a Retirement Income Policy? . . . . 99

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#### Questions They're Asking About Group Practice . . 104

Here are twenty-two important questions about groups that are often raised by solo doctors—together with answers from the physician to whom such questions are most often put

March

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\$32-a-month service more than pays for itself

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This doctor shares a building-but very little else-with congenial men in various fields of practice. Here he explains how such an arrangement can provide many of the advantages of group practice without the drawbacks

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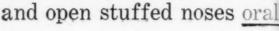
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'It happened to me,' says this doctor, 'and there was nothing I could do about it. What's more, it was my own fault.' Are you making any of his mistakes?  More



# running noses 4







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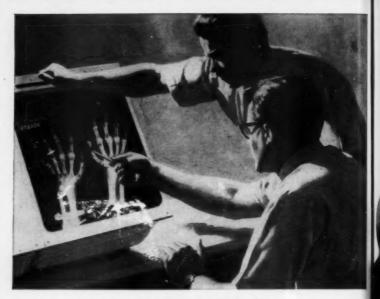
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#### CORICIDIN "D" Decongestant Tablets

combine dependable benefits with specific action of phenylephrine to provide rapid prolonged relief of congested respiratory passages

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offers prompt topical symptomatic relief of congested nasal mucosa and controls excessive nasal drainage without rebound effects

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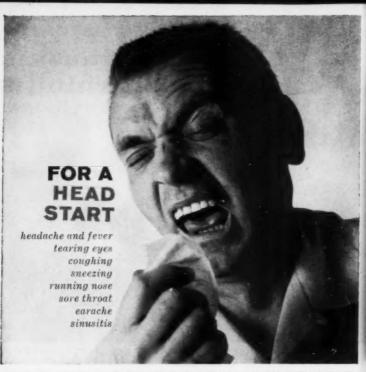
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# **COSA-TETRACYDIN**

glucosamine-potentiated tetracycline- analgesic - antihistamine compound

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- Quick, symptomatic relief
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22 MEDICAL ECONOMICS - OCTOBER 12, 1959

# Compazine for tranquility

mad of prochlorperazine



Unlike agents which "tranquilize" the patient by making him sleepy or drowsy, 'Compazine' is remarkable for its freedom from drowsiness and depressing effect. On 'Compazine', patients often experience an actual alerting effect and enjoy an amelioration of mood that permits their enthusiastic re-entry into life and living. Wilcox¹ observed that this alerting effect, which is uncommon in tranquilizing agents, is a "definite asset in treating ambulatory patients."

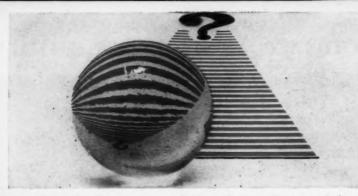
'Compazine' is available in Tablets, Spansule® sustained release capsules, Ampuls, Multiple dose vials, Suppositories and Syrup.

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1. Wilcox, F.: Dis. Nerv. System 19:118 (Mar.) 1958.



#### what lurks beyond the broad spectrum?

"Broad spectrum" has evolved into an especially apt term to describe a growing number of "specialized" antibiotics. These provide the best means of destroying pathogenic bacteria which range all the way from large protozoa through gramnegative and gram-positive bacteria to certain viruses at the far end of the spectrum. But beyond the spectrum lurk pathogenic fungi. Aggressive infections often require intensive broad spectrum antibiotic attack. It becomes more apparent every day that fungal superinfections may occur during or following a course of such therapy. 1.2 Long term debilitating disease, diabetes, pregnancy, corticosteroid therapy, and other causes may predispose to such fungal infections1.8.4 as iatrogenic moniliasis. These facts complicate the administration of antibiotics. Mysteclin-V controls both - infection and superinfection. Mysteclin-V makes a telling assault on bacterial infections and, in addition, prevents the potentially dangerous monilial overgrowth.2,5-8 Mysteclin-V is a combination of the phosphate complex of tetracycline - for reliable control of most infections encountered in daily practice - and Mycostatin, the first safe antifungal antibiotic. Case history after case history marked "recovered" provides clinical evidence of the special merit of this advance in specially designed antibiotics. When you prescribe Mysteclin-V, you provide "broad therapy" with extra protection that extends beyond the spectrum of ordinary antibiotics.

Supplied:	Tetracycline Phosphate Complex equiv. Tetracycline HCI (mg.)	Mycostatin units	
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References: 1. Dowling, H. F.: Postgrad. Hed. 23:594 (June) 1958. 2. Gimble, A. I.; Shea, J. G., and Katz, S.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 676. 3. Long, P. H., in Kneeland, Y., Jr., and Wortis, S. B.: Bull. New York Acad, Med. 33:552 (Aug.) 1957. 4. Rein, C. R.; Lewis, L. A., and Dict, L. A.: Antibiotic Med. & Clin. Ther. 4:771 (Dec.) 1957. 5. Stone, M. L., and Mersheimer, W. L.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 862. 6. Campbell, E. A.; Prigot, A., and Dorsey, G. M.: Antibiotic Med. & Clin. Ther. 4:171 (Dec.) 1957. 7. Chamberlain, C.; Burros, H.M., and Borromeo, V. Anibiotic Med. & Clin. Ther. 5:639 (Nov.) 1958.

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# Letters

#### **Malpractice** and Justice

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: Anti-

ality redient Justice Robert Doscher of New York's Supreme Court was recently quoted on the subject of "Why You Can Expect More \$150,000 Malpractice Verdicts" (MEDICAL ECONOMICS, Aug. 3, 1959). The article told how Justice Doscher, as the trial judge in a recent case, had allowed expert testimony to be given on the monetary value of the mother of two small children.

The woman had died after having been given the wrong type of blood following surgery. The cost to the plaintiff-husband of replacing her with a substitute mother for the next twenty years was estimated at \$120,000 by an expert witness, a social welfare executive. The jury accepted this estimate and brought in a \$150,000 verdict against the surgeon, the anesthesiologist, and the hospital involved.

MEDICAL ECONOMICS readers have responded with unusual force. The following letters are representative of the many received.—ED.

Sirs: ... Obviously there's a good chance the husband will marry again in the near future and thus

provide his now motherless children with a "free" mother and housekeeper. If he does so before the twenty years are up, will he be required to refund a prorated amount of the money?...

> Lyon Steine, M.D. Valley Stream, N.Y.

SIRS: ... Seems to me the amount of the judgment should have been reduced by what it would have cost to support the wife for twenty years had no accident occurred ...

Ralph S. Clayton, M.D. El Paso, Tex.

SIRS: ... Justice Doscher says he feels the huge award is justified because it will go to help the unfortunate widower and his children. But what about the 30 to 50 per cent of the award that will go to the lawyer? Is that huge amount also justified?

Allen T. Jones, M.D. Saratoga Springs, N.Y.

SIRS: . . . Surely a more practical source for an estimate of the wife's value could have been found than a professional social worker, one of whose articles of faith is that

## Letters

parents are idiots who can't raise their kids without the help of a "counselor."

An item of \$5,000 for counseling the young widower—rubbish! And \$3,100 for agency supervision of the substitute mother and her helpers! Naturally the social worker would recommend this, since it would be in the interest of his profession. But what impartial authority would agree to such busybodying, and at such a fee!

For heaven's sake, is a young widower with children so helpless that several strangers must be hired to do the job he did before with the assistance of one ordinary wife? And does he have no prospects for remarriage? No grand-parents to help out?

I have been through widowhood myself. And I trust a higher court will slap down Justice Doscher—hard!

> W. Allen Conroy, M.D. San Rafael, Calif.

At the trial, Justice Doscher barred any testimony for the defense on the plaintiff's prospects for remarriage. He ruled: "The right of the law as to pecuniary loss is fixed at the point of death and . . . subsequent events of remarriage, if any, do not alter the loss that occurred . . ."-ED.

SIRS: . . . The courts should see to it that these large awards are paid out precisely for the purposes set forth in the verdict. Any such awards designed to cover conditions beyond six months or a year in the future should be placed in escrow. If any balance remains at the end of the stated time after all needs have been met, it should revert to whoever paid the reward.

Full control of these fantastic sums should certainly not be left in the hands of individuals, to be dissipated for purposes never intended by the verdict.

> Thayer Willis, M.D. Norwalk, Conn.

Sirs: . . . Isn't it about time for judges to be divested of their immunity from malpractice suits? After all, judges have sent innocent people to jail and even to the gallows. To be sure, they've done it because of someone's wrong testimony. Should this excuse them? A doctor isn't excused when an assistant hands him the wrong bottle of blood . . .

However, the medical profession has available an easy cure for these enormous awards: Charge judges \$1,500 per visit and put the money in a fund to pay for future awards. It wouldn't be long



MEDICAL ECONOMICS · OCTOBER 12, 1959 27

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### Letters

before they'd be throwing out awards above \$150 as excessive! Robert J. Schillinger, M.D. Los Angeles, Calif.

Sirs: . . . Justice Doscher says: "Never [since 1951] have I seen so many malpractice actions as I have in the past twelve months. People are certainly more suitconscious." These statements distort the true picture as seen by our firm, The Medical Protective Company, which has defended some 79,000 claims and suits in this

With physicians and patients increasing along with the rest of the U.S. population, it's only natural that malpractice actions should also increase. And with inflation, the size of verdicts may likewise be expected to rise.

But in our company's experience, the national per capita incidence of malpractice claims and suits has remained about at a level for the past ten years. Indeed, we defended seven more claims during the first half of 1958 than in the same period this year, when we've had several thousand more policyholders covered . . .

As for Justice Doscher's statement to the effect that G.P.s are

relatively immune to suit, our company's records indicate otherwise About one-third of all our current medical suits are against G.P.s. This is close to the proportion of G.P.s among all physicians.

T. E. Haberkorn, Vice President The Medical Protective Company Fort Wayne, Ind.

#### The Wreckers

SIRS: The assumption of "Business Callers Wrecking Your Appointment Schedule?" seems to be that the thing to do is to find the most convenient way to see the "business caller." Nowhere is there any discussion of not seeing him.

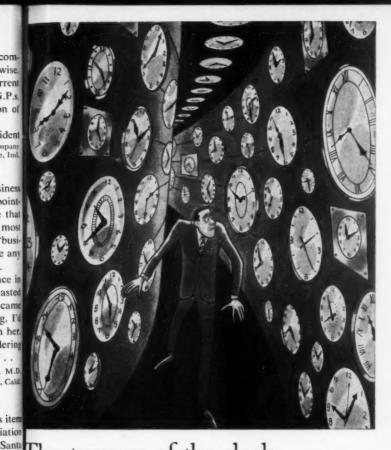
Why is there such reluctance in us to say "No"? If my wife wasted her time with everyone who came around to promote something, I'd wonder what was wrong with her. I hesitate to begin wondering about my fellow physicians . .

Clyde G. Miller, M.D. Los Angeles, Calif

#### Fee-Gouging Charges

SIRS: You report in a News item that the International Association of Machinists has accused Santa Monica, Calif., physicians of feegouging. An official of the union lime is Charles H. Jones, is quoted as neals as having said that "spectacular nsulinovercharges" by private M.D.s are endangering the union's health out the rising insurance plan at Douglas Air-At the craft. More asulin-c

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Santa The tyranny of the clock For many diabetics, inion lime is a tyrant. No matter how inconvenient it may be, they must take their as heals and injections "by the clock," or risk disquieting reactions.

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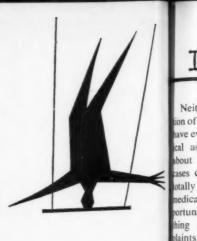
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moderate low-fat and well-balanced food values in cereal and milk serving



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Among breakfast main dishes, the cereal and milk serving merits consideration when a reduction of dietary fat is indicated because it ranks low in fat and provides well-balanced food values. Few foods

at such small cost can better its moderate lookhat th plaint. well-balanced nutritional contribution as show the table below. Served with nonfat milk, the content is very low.\*

	Cereal, 1 oz. Whole Milk, 4 oz. Sugar, 1 teaspoon	Cereales 1 ez.	Whole Milk 4 az.	Sugar 1 teaspee
nutritive composition of average tereal serving nation  CALCIUM VITABLE REGOFLAVIN NIACIN ASCORRIC ACID CHOLESTEROL	5.3 gm. 32.2 gm. 0.169 gm. 1.5 mg. 195 l. U. 0.16 mg. 9.25 mg. 1.4 mg.	104 3.1 gm. 0.6 gm. 22 gm. 0.025 gm. 1.4 mg. 0.12 mg. 0.04 mg. 1.3 mg.	83 4.2 gm, 4.7 gm, 6.0 gm, 0.144 gm, 0.1 m <sub>d</sub> , 195 l, U, 0.04 mg, 0.1 mg, 1.5 mg, 16.4 mg,	19 4.2 ps.

Cereal Institute, Inc.: Breakfast Source Book. Chicago: Cereal Institute, Inc., 1959. Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1957. Watt, B. K., and Merrill, A. L.: Composition of Foods-Raw, Processed, Prepared. U.S.D.A. Agriculture Hand No. 8, 1950.

#### CEREAL INSTITUTE, IN TOdy P

135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition

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XUM

### Letters

Neither Mr. Jones, the Association of Machinists, nor the patients have ever come to the county medical association with complaints about the so-called fee-gouging asses cited by Mr. Jones. This is otally unfair, for it has given the medical society absolutely no opportunity to even try to do anything about these specific complaints. I'm sure that most doctors who take care of Mr. Jones' union members treat them fairly, and rate low that there is no reason for compassion plaints.

Edward C. Rosenow Jr., M.D.
Executive Director
Los Angeles County Medical Association
Los Angeles, Calif.

Angeles County Medical Associaion to move vigorously in this matter should not be taken to inlicate that the practicing doctors approve such inaction. It has the lacts; these deserve airing . . .

Your article stated that "there as been an understanding that octors' fees [for treating Douglas Aircraft employes] will follow the California relative value scale at 3 a point." No such agreement as ever made.

This scale was the result of a live paid for by the dues of Calfornia Medical Association memers. It was intended only for the





while they are planning their family

they need your help more than ever



the most widely prescribed contraceptive

WHENEVER A DIAPHRAGM IS INDICATED

MEDICAL ECONOMICS · OCTOBER 12, 1959 31

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## Letters

ware such misuse of the scale as we have seen in this area.

Wallace C. Ellerbroek, M.D. Long Beach, Calif.

use of the individual physician, to help him determine if his fees for different procedures bore the same relation to each other as did the fees of other physicians in the state. It was never intended to be a "schedule," and was certainly never intended to be used as one by Connecticut General or any other insurance company.

Those states currently contemplating relative value studies, and those newly using a completed study, should take warning and be-

#### Let's ALL Discount

SIRS: My hat's off to Dr. Carl Hartwig for his admirable suggestion that all bills for patients over 65 be discounted. But let's not plunge too hastily into this giant discount plan. Let's wait until auto dealers, grocers, and all others who supply goods and services are ready to go along with us.

R. P. Froeschle, M.D. Hazen, N.D.

END



'Paredrine' Sulfathiazole Suspension is an intranasal medication which acts as both a vasoconstrictor and bacteriostatic agent. The Paredrin (brand of hydroxyamphetamin provides rapid vasoconstriction as immediate symptomatic relief. The sulfathiazole provides prompt be teriostasis, prolonged for hours b cause the Micraform® crystals for a fine, even frosting that clin closely to the site of infection at does not wash away. And since to suspension is physiologically con patible with the membranes of the upper respiratory tract, it does n inhibit ciliary activity.

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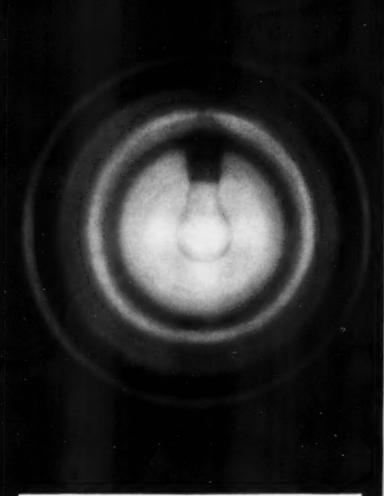
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"Glaucoma means potential blindness....be suspicious when:
1. The vision is blurred or 'smoky.'
2. Close work bothers despite frequent changes of glasses.
3. There are halos or rainbows around lights.
4. There is eye pain or indefinite aches.
5. There is a family history of glaucoma."

The National Society For The Prevention of Blindness, Publication 379.

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### highly potent agents for improved therapy of glaucoma

oral control of intraocular pressure-even on long-term use

# DARANID

- · inhibits aqueous humor formation
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- · because it is unusually potent, it may be uniquely useful in breaking up peripheral synechiae
- · aqueous isotonic with conjunctival fluid
- stable
- · can be used in combination with DARANIDE
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for local treatment of glaucoma and strabismus 0.1% solution, 0.025% ointment

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\*Modern Medicine Topics, vol. 19, no. 7 (July) 1958.

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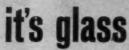
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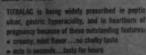
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Iron sulfate and other iron salts, which have produced injury, may ultimately be replaced by safer iron compounds...

A.M.A. Committee on Toxicology: J.A.M.A. 170:676, June 6, 1959.

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Chelated iron (Ferrolle) is remarkably soluble; nonionized; not precipitated by pH up to 10.2; stable in presence of alkali, protein, phosphate, phytate. Liquid form does not stain or damage teeth and mixes freely with milk, formula, and fruit juices.

Daily adult dose of 3 tablets or 1 fl.oz. syrup provides equiv. of 120 mg. elemental iron. Bottles of 100 and 1000 tablets; syrup in pints and gallons. Each cc. of pediatric drops provides equiv. of 25 mg elemental iron. In 30-cc. unbreakable plastic squeeze bottles.

Also available: During pregnancy - FERROLIP ob Tablets

For macrocytic and microcytic anemias - FERROLIP plus (Capsules and Liquid)



Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958.
 MEDICAL ECONOMICS · OCTOBER 12, 1959

\*U.S. Pat. 2,575,611

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#### Doctors Find It Pays to Ask for Criticism

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There's an easy way for doctors to find out what patients really think about the service they've received. Ask for opinions by mail, advises the Mason Clinic of Seattle, Wash. The clinic gets a 40 per cent response and enough constructive criticism to keep the whole clinic staff on its toes.

"When a patient comments critically about a specific physician," says Austin Ross Jr., assistant administrator at the clinic, "this comment is passed directly to the doctor concerned." Later, with names deleted, it's made part of material circulated to the clinic staff.

The clinic has learned some interesting things from this self-critical process. For example:

¶ Most patients expect to be kept waiting. But they'd be greatly relieved if told the specific reason for the delay.

¶ Some 85 per cent of the patients thought their bill was reasonable. Those who didn't think so indicated "we were failing to take the time to explain [the full cost of] a diagnostic work-up," according to Ross.

¶ Several patients commented that one receptionist seemed unfriendly. This reminded the clinic that "we should spend a little more time watching faces," says Ross.

¶ Two patients spoke of "constant telephone interrruptions" while their physicians were trying to tell them the diagnostic findings. This, says Ross, is "particularly irritating to the patient who may have just spent \$150 to \$200 . . . and has, in effect, been told that she is suffering from 'nerves.' "

#### Set Fees on Sliding Scale? Dentists Don't Any More

Among physicians, there's still lively argument as to whether fees should be based on the patient's ability to pay. Among dentists, the argument's just about over.

A recent survey by the American Dental Association asked almost 5,300 dentists: "How did you arrive at the fees you are now charging?" Only 8 per cent said they based them on ability to pay. And that 8 per cent was made up mostly of older dentists.

How do the other dentists arrive at their fees? "By analyzing expenses and time required for each serv-

MEDICAL ECONOMICS · OCTOBER 12, 1959 43

ice" turned out to be the preferred method. Second choice: "by charging what other dentists of similar ability in the community charge."

Only 14 per cent said they followed a published fee schedule.

#### Physician's Bust of Lincoln Hampers Justice, Bar Says

Dr. Emil Seletz, a Beverly Hills neurosurgeon, testifies occasionally in personal injury cases in Los Angeles' new County Courthouse.

There his name is connected with a 300-pound bust of Lincoln in the courthouse corridor. Reasons for Dr. Seletz's notoriety: The bust was his creation; it bore his name; and it was



Seletz

referred to three times in one year in his court cases.

"I didn't ask them to put my name on the big marble base," says Dr. Seletz, a spare-time sculptor. But they did. And lawyers began bringing it up so much in court that the Los Angeles Bar Association complained. It asked that the bust be removed so that it wouldn't influence juries in favor of Dr. Seletz's testimony. Says he:

"They thought that if juries knew I made the Lincoln bust, they would think me more capable in my field of surgery."

The bust isn't there any more. The county supervisors ordered it removed to the doctor's home. But Dr. Seletz is left with this consolation, according to the Bar Association: Questions now will be confined to his talents as a surgeon.

The doctor, however, terms the removal a "personal reprisal by a few attorneys who had lost their cases in my patients' favor."

#### These Private M.D.s Do Spare-Time Research

Is the private practitioner being frozen out of the mainstream of medical research? "Yes," say some doctors who've had difficulty finding a sponsor for part-time research projects.\* But one medical school dean denies this. He's convinced there's plenty of opportunity for the private M.D. to do part-time research at medical schools.

"It is difficult for a doctor to just drop into a lab and go to work," says Dr. Homer F. Marsh, dean of the University of Miami School of Medicine. But if the doctor proposes a well-thought-out project, "sound investigation is actively encouraged."

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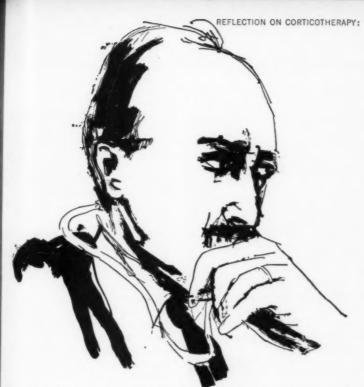
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<sup>°</sup>See "How to Satisfy Your Urge to Do Spare-Time Research," MEDICAL ECONOMICS, April 27, 1959.



Particularly in corticotherapy, the intent is not to treat <u>diseases</u>, but to treat <u>patients</u>. This intent is best served by using the steroid that has the best ratio of desired effects to undesired effects:

the corticosteroid that hits the disease, but spares the patient

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# News-

At his own university, for example, some thirty private practitioners are currently engaged in research projects. These spare-timers include surgeons, internists, pediatricians, and obstetricians.

"If a man has an idea and is willing to work at it, the medical school is definitely on his side," says Dr. Marsh. "The interested practicing physician finds through the medical school an avenue for his interest, support for his project, and assistance for his efforts."

### 'Who's Responsible for Staph Control? Doctors!'

Hospital people have shouldered much of the responsibility—and blame—for the spread of staph

infections. But now one medical leader says doctors should "assume the responsibility for the control of [hospital] personnel and patients" in the fight against such infections.



Askey

Dr. E. Vincent Askey, presidentelect of the A.M.A., says it's not enough for doctors just to serve on their hospital's committee on infection. They ought to set an example for the whole hospital, he says, by:

¶ Checking up personally on "all the corrective measures such as housekeeping, sanitation, ventilation, etc."

¶ Making daily examinations of hospital employes and getting authority "to shift them on the job" if they have any infection.

#### Court Takes Liberal View Of Physician's Disability

Can a doctor be working in the field of medicine but at the same time collect on his disability insurance? Yes, according to a recent U.S. Court of Appeals decision. As the court sees it:

To be considered disabled as a "physician and surgeon," it's sufficient for the doctor to prove that he can't practice in his normal field of medicine. It doesn't disqualify him if he takes another job that requires a physician's credentials.

There have been previous lower court rulings on this point. But this is the first time a high court has ruled in the doctor's favor under these circumstances. So say informed legal sources.

What were the specific circumstances? A surgeon developed contact dermatitis on his hands. Sterilization techniques required in surgery and in his office practice made it worse. Extensive medical treatment failed to help. Finally,

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MEDICAL ECONOMICS · OCTOBER 12, 1959

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WITHOUT CLARIN, turbid blood serum five hours after a fat meal: This unretouched dark-field photomicrograph (2500X) shows potentially hazardous fat concentrations circulating in the blood stream of a patient after a standard fat meal.

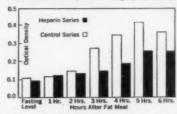
CLARIN is sublingual heparin potassium. One mint-flavored tablet taken after each meal effectively "causes a marked clarification of postprandial lipemic serum." Clarin facilitates the normal physiologic breakdown of fats, with no effects on the blood-clotting mechanism. It therefore provides important benefits for your postcoronary patients.

Indication: For the management of hyperlipemia associated with atherosclerosis. Dosage: After each meal, hold one tablet under the tongue until dissolved. Supplied: In bottles of 50 pink, sublingual tablets, each containing 1500 1.U. heparin potassium.

Fuller, H. L.: Angiology 9:311 (Oct.) 1958.
 Shaftel, H. E., and Selman, D.: Angiology 10:131 (June) 1959.



WITH CLARIN, clear blood serum five hours after a fat meal: After eating a standard fat meal as at left, the same patient has taken one sublingual Clarin tablet. Note marked clearing effect and reduction in massive fat concentrations in this unretouched photomicrograph (2500X).



Average serum optical density in 36 patients after fat meal with and without sublingual heparin.<sup>2</sup>

\*Registered trade mark. Patent applied for.

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TABLETS - CAPSULES - ELIXIR - EXTEN

Prescribed by more physics

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in 1952, the surgeon had to give up his practice.

He collected a few payments on a policy that insured him against being disabled as a "physician and surgeon." Then he got a desk job at a Veterans Administration hospital. The insurance company told him that his new job constituted the practice of medicine and that he couldn't continue to collect disability benefits. So he took the company's word for it and signed a release.

Later on, his lawyer, Leon Wasserman of New York City, decided the doctor's desk job wasn't really the practice of medicine within the "common-sense" meaning of that term. The doctor wasn't examining, diagnosing, and treating patients. So the doctor sued the insurance company to collect back disability payments from the time he'd signed the release.

The lower-court jury decided that the doctor was indeed disabled as a physician and that he'd signed the release on the basis of false information. Later, in upholding this decision, the Court of Appeals said:

"If [a physician's] occupation has become that of recognized specialist in surgery and he suffers from a physical impairment ... resulting in the forced discontinuance of his practice for all practical purposes, there is total disability. He can no longer pursue his real occupation. Against this possibility he may seek insurance protection." And collect when it occurs, the Court affirmed.

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#### Hospital Training 'Swindles' Students, Says Doctor

Tomorrow's doctor is being trained in an unrealistic environment. He's being "swindled" by artificial hospital training that isn't geared to real-life circumstances. So says Dr. J. H. F. Brotherston of the University of Edinburgh.

"The more medical practice becomes hospital-based," the doctor adds, "the more necessary it is for the student to see and learn the circumstances and meaning of health and disease outside of the hospital."

The trouble with today's training is this, as he sees it:

"We bring up the medical student in a certain kind of highly elaborate, highly expensive set of surroundings. These we associate in his mind with good medicine." What's more, he deals only with patients who are "tamed into passive submission by isolation from their own natural surroundings."

What happens when this young doctor goes out into practice? He

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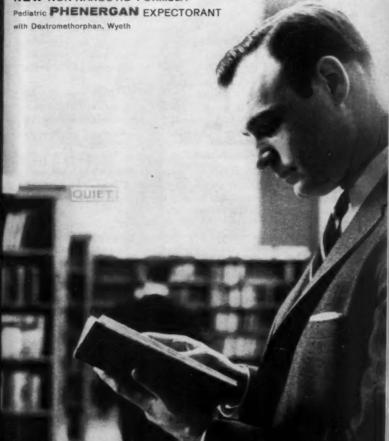
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Sedative Topical anesthetic PHENERGAN

#### **EXPECTORANT**

Promethazine Expectorant, Wyeth with Codeine Plain (without Codeine) Philadelphia I, Pa.

**NEW NON-NARCOTIC FORMULA** 



finds that in real life "patients may be far from tame; they may talk back; they may even bite." He finds himself frustrated when he can't practice the sort of medicine he was trained to practice. He may even develop "a kind of veiled hatred for the patient," says Dr. Brotherston.

What's his remedy? Put new educational emphasis on the care of the patient outside the hospital. Normal hospital surroundings just don't make a self-sufficient training ground, Dr. Brotherston believes.

#### Doctor's 'Take a Bromide' No Grounds for Malpractice

Suppose you told a patient to take a bromide. Suppose he took almost enough to kill himself. Could he then win a malpractice suit against you?

Not according to a recent court decision in California. A barber there lost such a suit against Dr. Willard G. Snow of San Francisco. The barber had first come to the doctor after breaking his ankle in a three-day drinking bout. Once the bone was set, Dr. Snow had prescribed paraldehyde and sleeping pills.

Barber Paul Rouse went home but continued using these drugs.

He took them so avidly that one day-according to court records -he "passed out on the floor of the barber shop." After that he began to shuttle back and forth between the barber shop, two hospitals, and a sanitarium. When he ran out of the prescription drugs, he asked the doctor for a refill.

"I gave you too much already. Use bromide," Dr. Snow reportedly replied. The barber did just that. He took three to five bottles of triple bromide. Soon he passed out again, according to courtroom testimony.

When Dr. Snow was sent for next day, he declared Rouse mentally incompetent and packed him off to a sanitarium. The physician there found "246 mg. per cent of bromide in his blood. [That's] what I ordinarily regard as a lethal dose," he later declared.

Rouse didn't die. When he got back home, he sued Dr. Snow for causing him to "contract severe bromide poisoning." He swore it had been the doctor's fault that he "was rendered ill and nervous and [suffered] great physical and mental pain."

But the court had no sympathy for Rouse. Neither had the appeal court to which he took the case.

Why not? Because Dr. Snow hadn't told him to take just any amount of bromide. Since the drug could be bought without prescrip-



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prolonged-action tablets New long-acting PRELUDIN ENDURETS offer you a new method...a more convenient method...of administering this well-established, reliable appetite-suppressant. The new ENDURETS form virtually eliminates the vexing problem of the forgotten dose because... just one PRELUDIN ENDURET taken in the morning generally curbs the popetite throughout the day.

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stop as well as prevent vomiting and nausea—safely

the first Sapecific antiemetic / antinauseant entity now in oral, parenteral, and suppository forms



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### no special precautions and no known contraindications

Tigan affords such antiemetic efficacy, safety and pharmacologic precision that virtually all of the special precautions that have complicated older therapies are obviated. The singular absence of side effects makes it possible to use Tigan even in the presence of common contraindications of older antiemetics.

Chemically different as well as new a specific antiemetic entity.

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herapeutically different as well as new stops active vomiting in addition to prophylactically preventing nausea and emesis.

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effective against vomiting and nausea in the widest
range of common and special situations such as
pregnancy, travel sickness, gastrointestinal disorders, uremia, carcinomatosis, drug poisoning, radiation sickness, postoperative states.

Practically different as well as new patients may drive, fly and work in h

patients may drive, fly and work in hazardous situations, even when these activities have been previously interdicted with other agents.

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Available: Capsules, 100 mg, blue and white; bottles of 100 and 500.

Ampuls, 2 ec (100 mg/cc); boxes of 6 and 25.

Pediatric Suppositories, 200 mg; boxes of 6 and 25.

TIGAN<sup>T.M.</sup> Hydrochloride -4-(2-dimethylaminoethoxy)-N-(3,4,5 -trimethoxybenzoyl) benzylamine hydrochloride ROCHE®



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tion, "the proper dosage was [the one] printed on the label of the bottle." And there was "no evidence that bromide taken in accordance with these directions would normally have the effects which followed in this case."

#### 'Coldness Toward Patients Chills Their Generosity'

Hospital patients in our largest city feel "widespread and intense resentment against neglect, rudeness, and impersonal treatment by hospital personnel." That's the report of public opinion analyst Elmo Roper. He recently completed a study of New York institutions for the United Hospital Fund.

Little things cause most of this resentment, says Roper: "Such things as a bell unanswered in the night, a medical necessity that is thoughtlessly turned into a personal indignity, omitted explanations, [and] sterile efficiency that offends human sensibilities." It all adds up to coldness—and that's what patients give the hospital in return. Thus:

¶ Most people showed a "lack of enthusiasm about supporting [hospitals] financially . . . Clearly, the highly publicized disease philanthropies have displaced the hospital as the focal point of the fight against disease in the public's mind."

¶ "Most people expressed no feeling of personal responsibility toward hospitals. From a list of six private and four governmental solutions [suggested], the choice went strongly to those proposing government action."

That's "a distressing situation," says Roper. But he thinks a good public relations campaign could warm up both the hospitals and the hospital patients—and do it fast.

"A real effort to create a warmer emotional climate in hospitals," says Roper, would bring almost immediate results. "This is a marvelous opportunity for education. The great corporations would pay millions of dollars for a comparable opportunity for face-to-face contact with the public . . . Any change in the way hospitals are run is immediately perceptible to a large and vitally interested public, the patients."

#### Doctor on Hospital Board Acts as Trouble-Shooter

Doctors do belong on hospital governing boards. Who says so? Not a doctor this time, but a businessman who's also a hospital trustee. Edward K. Warren has served twenty years on a board where the elected chief of the medical staff is a voting member. Now he says:

New reinforced therapy from Schering for seasonal asthma and allergic dermatoses

# Polanil

POLANIL is dextro chlorpheniramine maleate (Polaramine Maleate)—
the lossest to a perfect antihistamine is desired the property of the propert

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DERONIL today's lowest dosige corticosteroid

POLANIL

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"I know many authorities in hospital administration think differently. But I believe a lay board of trustees should try to work closely with an elected representative of the medical staff. It helps the trustees better understand the doctors' point of view." At least that's the way it's worked out in Connecticut's Greenwich Hospital, Warren says.

There the doctor on the board acts as a trouble-shooter. "In an informal way," he can often settle small questions before they grow big enough to reach the board or the hospital's joint conference committee.

Warren adds:

"Our medical staff knows this job carries responsibility. So they don't elect someone who's just an affable back-slapping type, or someone whose integrity and fairness they question."

#### Physician-Owned Hospitals Face Stricter Rules

Are proprietary hospitals more strictly regulated than nonprofit institutions? In New York City they are, says a doctor who owns one there. He's fought what he calls the city's "unreasonable discrimination" all the way to the U.S. Supreme Court. Here's how

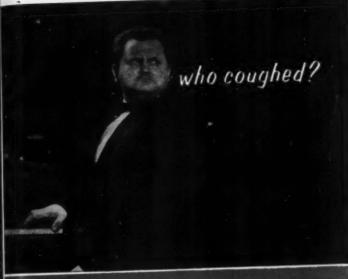
the doctor—Charles L. Engelsher—tells the story:

Parkchester General Hospital had been running smoothly under his direction for sixteen years. Suddenly, in 1956, the city hospital board upped the amount of floor space required per bed. Dr. Engelsher found that a number of his two-bed rooms weren't quite large enough to meet the new standards. He'd have to move one bed out of each of them. That would reduce the hospital's capacity by thirty beds.

Then the doctor discovered that municipal and voluntary hospitals didn't have to meet the new ruling. He'd suspected right along that "proprietary hospitals [were] not regarded with favor by the City of New York." Now he sniffed a scheme to "compel them eventually to cease operation." So he took the hospital board to court.

Two Court of Appeals judges agreed with Dr. Engelsher. They called the new regulation a "discriminatory, retroactive limitation ... adopted without relation to the public health." But the Court as a whole refused to intervene. As long as "all private proprietary hospitals [were] treated alike," it ruled, the hospital board had been within its rights.

The Supreme Court too refused to intervene. It called the case a local issue and declined to hear



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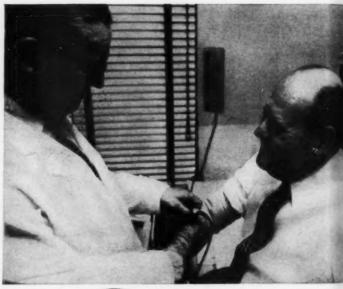
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# Why so many hypertensive patient prefer **Singoserp** t s





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# It spares them the usual rauwolfia side effects

OR EXAMPLE: "A clinical study made of syrosingopine [Singoserp] therapy in ambulant patients with essential hypertension demonstrated this agent to be fective in reducing hypertension, although the daily dosage required is higher han that of reserpine. Severe side-effects are infrequent, and this attribute of mosingopine is its chief advantage over other Rauwolfa preparations. The drug pears useful in the management of patients with essential hypertension."

Imost all side effects relieved when Singoserp was abstituted for other rauwolfia derivatives in 24 patients<sup>2</sup>

th Effects	Incidence with Prior Rauwolfia Agent	Relieved by Singoserp	Not Relieved*	
pression	11	10	1	
athargy or fatigue	5 .	5	0	
isal congestion	7	7	0	
astrointestinal disturbances	2	0	2	
onjunctivitis	1	1	0	

two of the 24 patients had two troublesome side effects.

# Singoserp

int drug to try in new hypertensive patients

int drug to add in hypertensive patients already on medication

applied: Singoserp Tablets, 1 mg. (white, scored); bottles of 100. Samples available request. Write to CIBA, Box 277, Summit, N. J.

Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: J.A.M.A. 169:1609 (April 4) 1959.

Bartels, C. C .: Clinical report to CIBA.

Dr. Engelsher's appeal. So he moved the thirty beds out of his building. But he still feels it's unfair to make proprietary institutions meet standards that don't apply to nonprofit hospitals.

"If that's so, it's certainly not our fault," comments one city official concerned with hospitals. "City hospitals-except in emergencies -more than meet these standards. And voluntary institutions aren't under our jurisdiction at all. If they were," he says, "we'd probably insist that all hospitals meet the same standards."

#### More College Bills Being **Paid in Installments**

Many doctors never think of borrowing-until the kids' college bills pour in. Now the doctor who wants to stretch out the payments will find he's keeping company with many high-income families. At least that's what a special report in U.S. News & World Report indicates.

Installment financing of college education has tripled in the past four years, the magazine has found. And it isn't merely for families with modest incomes. The borrowers are as varied as the sources of loans (banks, finance companies, state agencies, private organizations, the Federal Government, and colleges and universities themselves).

Newest loan plan is the Federal Government's. Under it, a student can get up to \$5,000 for his higher education. Repayment begins one year after the student graduates. Full repayment isn't required for ten years, and the interest rate is only 3 per cent. The Federal funds are currently available through some 1,370 colleges.

Under many bank programs, payments can be spread over a sixyear period. A \$4,000 loan, for instance, might require monthly payments of \$64.50 each for 71 months.

The colleges' own loan programs are the most flexible of all. For example, medical students at Duke University can get up to \$4,800 at 1 per cent interest until after graduation. The interest rate rises to 3 per cent for the five years after graduation and 6 per cent thereafter. Hundreds of other colleges have similar programs.

#### Tranquilizers Help Even **Cattle Rustlers**

There's apparently no end of new uses to which modern tranquilizing drugs can be put. According to a recent Associated Press report from Washington State:

"Cattle rustlers have discarded their six-shooters and are arming

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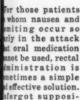
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"The highest percentage (83%) of patients with symptomatic relief is obtained by early and adequate administration of ergotamine and caffeine (Cafergot), alone or combined with antispasmodics

d/or sedatives (Cafergot P-B)." Friedman, A. P.: J.A.M.A. 163:1111, arch 30, 1957.)





miss...and Cafergot P-B suppositories are useful additions to the armamentum."

NecNeal, P. S., et al.: Management of Patient with Headache, 1957.)



"The tablets [Cafergot P-B] were especially useful when the headaches were accompanied by nervous tension and gastrointestinal upset.... Cafergot P-B Tablets constitute an important addition to the

natment of vascular headache."
"Immenthal, L. S., and Fuchs, M.: Med.
nucls District of Columbia 28:175,
nul 1957.)



first choice
for migraine
and other recurrent,
throbbing headaches

# **CAFERGOT**°

CAFERGOT TABLETS

ergotamine tartrate I mg., caffeine 100 mg. Dosage: 2 at first signs of attack; if needed, 1 additional tab. every ½ hour until relieved (max. 6 per attack).

CAFERGOT SUPPOSITORIES

ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: 1 as early as possible in attack; second in one hour, if needed (max. 2 per attack).

When the headache is associated with nervous tension and G.I. disturbance

CAFERGOT P-B TABLETS

ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg.

Dosage: same as Cafergot Tablets.

CAFERGOT P-B SUPPOSITORIES ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Dosage: same as

Cafergot Suppositories.

MEDICAL ECONOMICS · OCTOBER 12, 1959 6

## News-

themselves with tranquilizer guns ... The guns-rifles and pistolsshoot, with scarcely any noise, a pellet which contains any tranquilizer or other drug desired to be injected into an animal."

The Food and Drug Administration has an investigator looking into the matter, AP adds.

#### Hill-Burton Hospitals Are In Hot Water, Doctors Say

What's wrong with small community hospitals in Alabama? That's the question doctors in the state have been probing for the past few months. Meanwhile, Alabama newspapers have reported incidents like these:

Six small hospitals have changed administrators in the past year. Reasons range from embezzlement to pressure from the Ku Klux Klan.

In one small hospital, administrative difficulties caused the whole medical staff to walk out and to treat only emergency cases there.

In another small hospital, the dietitian was fired after doctors complained of unsanitary conditions in the kitchen. She's now suing the entire county medical society for defamation of character.

What's the root of the trouble?

Here's what Alabama doctors close to the situation say:

1. Hospitals have sprung up so rapidly under the Hill-Burton plan that there aren't enough qualified administrators to go around. Too many men without sound administrative experience have been hired.

2. Hospital governing boards are frequently made up of farmers and merchants who haven't any familiarity with the problems of running a hospital. This breeds ill feeling between medical staffs and boards.

There's no easy solution, Alabama doctors say. One of them, Dr. Ira B. Patton, comments:

"I thought at first the problem could be solved by a slow process of educating governing boards and medical staffs to their responsibilities. Now I feel that corrective legislation may be the only answer."

#### **Eabor Paper Lampoons M.D.s' Charging for Phone Advice**

Doctors who charge for giving advice by phone have incurred the wrath of one A.F.L.-C.I.O. journal. The following is excerpted from the Milwaukee Labor Press:

"We note that some doctors have adopted the practice of charging fees for phone calls from patients . . . Some doctors are receiving as high as \$200 a month in phone fees. More

easiest way to stop a cough

### peries

Tessalon perles stop cough fast—and they're convenient to take. No mess, no spillage, no awkward spoons or bottles to carry around. Another advantage: no taste. An exact, effective dose is sealed in a tiny gelatin sphere.

Reasons why Tessalon stops cough so effectively: it acts where cough begins—in the chest; it acts at the cough reflex center—in the medulls; it acts promptly—within 15 to 20 minutes, the effect lasting up to 8 hours. Tessalon is not a narcotic, yet has been reported 2½ times more effective than codeine in suppressing cough.

SUPPLIED: Tessalon Perles, 100 mg. (yellow); bottles of 100. Tessalon Pediatric Perles (for children under 10), 50 mg. (red); bottles of 100. Also available (for use when oral administration of Tessalon is precluded):

Ampuls, 1 ml. (5 mg.); cartons of 5.

1. Shane, S.J., Krzyski, T.K., and Copp., S.E.: Canad. M.A.J. 77:600 (Sept. 15) 1957.

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SERPASIL\*

for the anxious hypertensive with or without

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"This does not surprise us, as many doctors have made an exact science out of squeezing the last nickel from their patients. We can visualize the following telephone conversation in the not too distant future:

"PATIENT: Hello, is this Dr. Jones' office?

"Nurse: Yes, it is. That will be \$1, please. What is your name? "PATIENT: John Smith.

"Nurse: Thank you. That will now be \$2.

"PATIENT: Is the doctor in?
"Nurse: Yes. Your bill is now
\$3.

"PATIENT: Can I speak to him? "NURSE: No, he's busy. Your bill is now \$5. We will send you a bill in the mail. Please pay it promptly . . .

"We just hope," the paper adds, "that the patient doesn't hiccup during the conversation, or his bill might run up to astronomical amounts."

#### Small Investors Like These 20 Stocks

The New York Stock Exchange's Monthly Investment Plan appeals mostly to small investors, including quite a few medical men. So the twenty most popular stocks being bought under this pay-by-

the-month plan should interest many other doctors. Here's the list:

- 1. General Motors
- 2. General Electric
- 3. Dow Chemical
- 4. Standard Oil (N.J.)
- 5. Tri-Continental
- 6. Sperry Rand
- 7. Phillips Petroleum
- 8. A.T. & T.
- 9. Radio Corp.
- 10. I.B.M.
- 11. Pfizer & Co.
- 12. Safeway Stores
- 13. Sears, Roebuck
- 14. Monsanto Chemical
- 15. Minnesota Mining
- General Telephone
- 17. General Dynamics18. American Cyanamid
- 19. Lehman Corp.
- 20. Olin Mathieson

#### 'Teachers Should Spend Time In Private Practice'

Doctors who want to teach must usually do so at great financial sacrifice. So topnotch men usually stay on medical school faculties only a short time. But, says one exfaculty man, there's a way to have medical faculties that are both stable and well-paid.

Here's how Dr. Sidney Shindell, former lecturer at Yale University medical school, would accomplish it:

Have faculties that rotate be-

an

Just one prescription for Engran "Term-Pak" (270 TABLETS)



calling for one tablet a day will carry her through term to the six-week postpartum checkup. This means you are assured of a nutritionally perfect pregnancy, and she realizes major savings.





\* And when baby comes, specify Engran baby drops—full vitamin support in half the volume of most similar preparations—lasts twice as long. Supplied in 15 cc. and 50 cc. bottles. Convenient 'Flexidose' Dropper assures accurate dosage.

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tween full-time teaching and private practice in university-established groups nearby.

This, he says, would (1) let the whole community have the services of these topnotch doctors; (2) give the school a stable faculty for less than it costs now; and (3) provide the doctor-teachers with incomes equal to what they'd get in private solo practice.

He'd set up the system like this:

Department chairmen of the medical school faculty would organize an independent unit. This would be responsible for providing the entire faculty of the school. It would sign up qualified doctors who'd agree to divide their time between teaching and group practice. They'd establish a series of group practice centers in the area. They'd also let some doctors in the community join the groups.

If enough doctors joined, says Dr. Shindell, each one would spend every fourth or fifth year as a full-time faculty member. The other years, he'd be in practice and also providing "teaching experience for students within the group practice structure."

Buildings for the group practice units could be built and owned by the university. This could be managed "without undue strain on the resources of the university," says Dr. Shindell, through mortgage loans. The university would get income from them as rental proper-

How about the doctors' income? It would stay high even during their teaching years, says Dr. Shindell. And he figures the doctors working in groups would earn 15 to 20 per cent more than they could earn in solo practice.

How come? As he sees it, they'd gain 10 per cent by pooling overhead expenses. And they'd gain another 5 to 10 per cent through income tax advantages if they qualified to be taxed as a corporation.

#### **Rx for British Medicine: More Socialism**

British doctors under the National Health Service complain periodically that they're overworked and underpaid. These became big issues during Britain's latest election campaign. The British Labor Party, which established the N.H.S. eleven years ago, proposed to boost the health service's \$2,072,000,000 annual bill by another \$280,000,-000. This new spending is necessary, they said, because the N.H.S. has been deteriorating under "eight years of Conservative indifference."

Signs of this deterioration, as seen by the Labor Party:

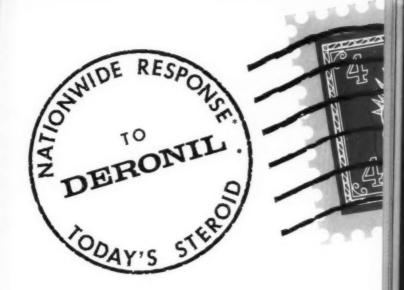
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BRONCHIAL ASTHMA-(Female, 53), Source: M.D., New Jersey

"Results excellent. Although control was adequate with previous corticosteroid therapy, certain side effects did appear occasionally. No side effects have appeared with Deronil and she has been entirely asymptomatic."

POISON OAK DERMATITIS— (Male, 41), Source: M.D., Georgia

"Complete clearing of severe dermatitis."

ECZEMATOUS DERMATITIS, Dyshidrosis of hands—(Male, 42), Source: M.D., Maryland

"Patient has had numerous vesicular lesions on his hands for years.

Deronil is the first steroid that has given him any relief for any length of time."

TENOSYNOVITIS - (Male, 46), Source: M.D., Illinois

"Previous therapy failed. Deronil alone completely relieved him."

HERPES ZOSTER – (Female, 41), Source: M.D., Nebraska

"No response from enzymatic therapy; relief from pain in 24 hours on Deronil. Lesions cleared in 8 days."

\*Responses of patients to DERONIL as reported by physicians to the Schering Department of Professional Information.



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benefits demonstrable in your practice

- · highest available anti-inflammatory activity
- · lowest effective steroid dosage
- · minimal diabetogenic potential
- avoidance of "new" side effects—no muscle weakness, anorexia, weight loss
- greatest patient convenience— specially scored, "easy-break" tablets

Consult Schering literature for details of indications, dosage, precautions and contraindications.

Packaging: DERONIL Tablets, 0.75 mg., scored, bottles of 50 and 500.

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1. Some 500,000 Britons are currently waiting for hospital beds;

More money is being spent on drugs than on the doctors who prescribe them; and

3. Patients waste "millions of hours" waiting to see their doctors.

To cure these ills, the Labor Party's policy statements called on the country to build some new hospitals; raise doctors' pay per patient; reduce their maximum list from 3,500 to 2,500 patients; and give them some incentive to work by appointment. The Laborites also called for an end to the one-shilling charge for prescriptions, eyeglasses, false teeth, etc.

## Court Decides City Hospital Can Exclude Doctors

A municipally operated hospital has the right to give exclusive control of its radiology department to one staff doctor. This is a hospital policy decision—not a matter for the courts to decide.

That's what the judge told a Virginia, Minn., radiologist when he tried to get the district court to rule that such a hospital ought to maintain an open staff. But the radiologist hasn't given up his fight. He's appealing the district court decision to the Supreme Court of Minnesota.

Here's how the case developed: The radiologist, Dr. O. E. Benell, had been doing X-ray work for

### News

the Virginia municipal hospital. He was a member of its medical staff. At the same time, he belonged to a private group clinic.

Instead of paying Dr. Benell directly, the hospital had been paying the clinic for his services. Then the hospital's governing board decided it should have a radiologist who had no outside affiliations. It offered to let Dr. Benell stay on the job if he'd drop his clinic membership. He wouldn't agree to this. So the hospital hired another man.

Dr. Benell remained an active staff member. A year and a half later, he asked the hospital board to define his status. It ruled that he could serve as a consultant to the hospital's radiologist—without pay. But he could no longer take X-rays or give treatment there. Only the hospital's radiologist could do that.

Dr. Benell asked the district court to rule that the hospital had no right to limit his practice in this way. But it does have that right, the judge said, as part of the administrative functions of a city agency. "This court does not sit to decide what the correct or preferred system should be," he added: Its sole concern was whether the hospital board's decision was lawful.



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The "Tiny Tot," one of several Everest & Jennings chairs designed for children. That "tackle anything" spirit comes naturally to patients in Everest & Jennings chairs. So simple to fold, so easy to carry

in the car, so wonderfully maneuverable, these chairs almost say, "Go ahead—you can do it!" Made in sizes for all ages, models for all needs. You can recommend Everest & Jennings chairs with confidence.

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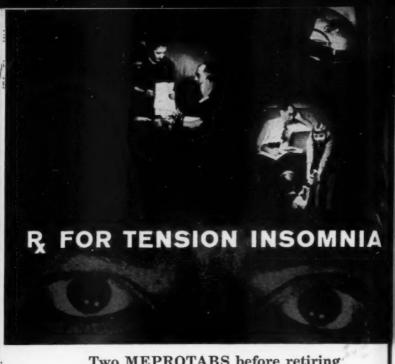
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Two MEPROTABS before retiring

- insure restful, uninterrupted sleep
- insure alert awakening
- insure a tranquil mind and relaxed body

MEPROTABS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Meprotabs are pleasant tasting and easy to swallow.

# Meprotabs

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## for total management of itching; inflamed; infected skin lesions





fermatitis repens [with staph and monilla] 7 weeks duration

Cleared in 5 days

## new Mycolog Kenalog, Spectrocin and Mycostatin in Plastibase Ointment

antipruritic/anti-inflammatory/antibacterial/antifungal

Mycolog Ointment — containing the new superior topical corticoid Kenalog — reduces inflammation,3.4 relieves itching,1.2 and combats or prevents bacterial, monilial and mixed infections.8-7 It is extremely well tolerated, and assures a rapid, decisive clinical response for most infected dermatoses.

Thirty-one of 38 patients...obtained excellent or good control of dermatological lesions...
[Mycolog] was highly effective, particularly in the management of mixed infections. Several recalcitrant eruptions which had not responded to previous therapp were remarkably responsive to the daily application of this preparation over periods of 2 to 3 weeks."

sponsive to the daily application of this preparation over periods of 2 to 3 weeks."

For total management of itching, inflamed, infected skin lesions, Mycolog contains the micinolone acetonide, an outstanding new topical corticoid for prompt, effective relief of liching, burning and inflammation<sup>1-4</sup>—neomycin and gramicidin for powerful antibacterial action<sup>7</sup>—and nystatin for treating or preventing Candida (Monilia) albicans infections.<sup>8,8</sup>

Application: Apply 2 to 3 times daily. Supply: 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1 %) Mismicinolone acetonide, 2.5 mg. neomycin base, 0.25 mg. gramicidin, and 100,000 units nystatin in PLASTIBABE.

<u>Meteroces</u>: 1. Shelmire, J. B., Jr.: Monographs on Therapy 3:164 (Nov.) 1958. \* 2. Nix, T. E., Jr., and Derbes, V. J.: Monographs on Therapy 3:123 (Nov.) 1958. \* 3. Robinson, R. C. V.: Bull. School of Med., U. Maryland 43:54 (July) 1958. \* 4. Sternberg, T. H.: Newcomer, V. D., and Reisner, R. M.: Monographs on Therapy 3:115 (Nov.) 1958. \* 5. Clark, R. F., and Hallett, J. J.: Monographs on Therapy 3:111 (Nov.) 1958. \* 6. Smith, J. G., Jr.; Zawisza, R.J., and llank, H.: Monographs on Therapy 3:111 (Nov.) 1958. \* 7.

Monographs on Therapy 3:137 (Nov.) 1958. • 8. Howell, C. M., Jr.: North Carolina M. J. 19:449 (Oct.) 1958. • 9. Bereston, E. S.: South, M. J. 50:547 (April) 1957.

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# "Good for you!"

BEAUTIFUL JUMP! And you made it look so very easy. Good time now to rest . . . relax . . . toast the moment with a good glass of beer. Nothing, you know, is so rewarding. Beer's bright, light—refreshing. And no other beverage is so right on so many different occasions. It really picks you up, too.

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- **♦** perplexing to the doctor

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- safe and effective >
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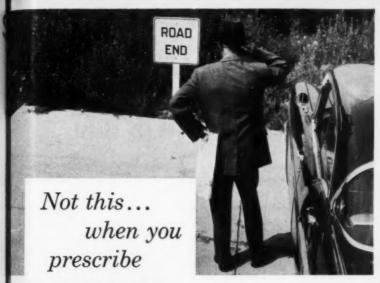
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# MODANE for constipation

MODANE doesn't leave your patient stranded on the road to Recovery with no help for the flaccid, atonic bowel. Modane takes him *all* the way—through RELIEF and REHABILITATION.

MODANE's danthron provides prompt, positive relief—without irritation or griping—acts systemically to stimulate only the large intestine. And, MODANE's pantothenic acid favors revitalization of the atonic bowel—stimulates the body's formation of a normal supply of acetylcholine, so essential for optimal peristalsis.

Prescribe MODANE—the deconstipant which relieves and helps rehabilitate.

#### THREE FORMS

Tablets Regular (yellow), Tablets Mild (pink), and Liquid. Each Tablet Regular contains 75 mg. danthron (1.8-dihydroxyanthraquinone) and 25 mg. calcium pantothenate. Each Tablet Mild and teaspoonful Liquid contains 37.5 mg. danthron and 12.5 mg. calcium pantothenate.

#### DOSAGE

One tablet, one teaspoonful or fractional teaspoonful, immediately after the evening meal.



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#### **NEED MORE DATA ON NEW DRUGS?**

Chances are, doctor, that you've heard or read about some of the new drugs that have been introduced lately. Then you'll be glad to know that the essential information you need to prescribe them is now on its way to you.

The October issue of the PDR Quarterly Supplement will reach your desk within the next few days. In it you'll find comprehensive descriptions of 71 new and reformulated drugs that have come on the market since the July issue was published.

You'll also find descriptions of all the drugs that have appeared in previous issues of the Supplement this year. When you receive the October issue (No. 4) you can discard the July issue (No. 3).

Perhaps we should explain this cumulative feature of the PDR Quarterly Supplement. Each

These products are introduced in the October issue of the PDR Quarterly Supplement

Actol (Solution) (Massengill) Akineton (Knoll)

Altafur (Eaton)

Laevo-Caps Capsules (Drug Specialties-Prane) Marax (Roerig)

**NeoDecadron Ophthalmic Solution** 

(Merck Sharp & Dohme)

MeoDecadron Topical Cream (Merck Sharp & Dohme)

Niamid Tablets (Pfizer)

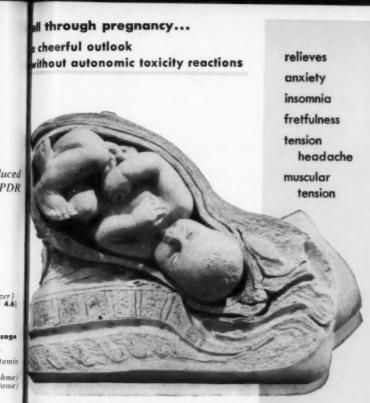
Marplan (Roche)
Mepergan (Wyeth)
Metrecal (Mead Johnson)

Altera Gell (Dome) Altara-Cort Gell (Dome) Amvicel-X (Stuart) 'Beta Feplex'-MRT (Thompson) Betadine (Tailby-Nason) Bonine (formerly Bonamine) (Pfizer Carbo-Cort Creme and Lotion (pH 4.6) (Dome) C-B Vone (U.S. Vitamin & Pharmaceutical Corp. Cort-Dome Suppositories, High-Dosage Covermark (O'Leary) DBI Oral Hypoglycomic (U.S. Vitamin Pharmaceutical Corp.)
Decabamate (Merck Sharp & Dohme)
Domerine Medicated Shampoo (Dome) Durabolin (Organon) 'Ebicol'-MRT (Thompson) Effergel (Stuart)
Effersyl (Stuart)
Equanitrate 20 Tablets (Wyeth) 'Ferroglycin CIF'-MRT (Thompson) Fibrinogen (Merck Sharp & Dohme) Grifulvin (McNeil) Inobex-Cul Tublets (Tilden) Isopto P-N-P (Alcon)

(please turn to page 82)

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permission of the Cleveland Health Museum, possessors of the original

One of your safest adjuncts for uccessful management of pregnancy



Meprobamate, Wyeth

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(continued from page 80)

year, after the January issue is published, subsequent issues repeat new product descriptions that have appeared in previous issues during the year. We've planned the Supplement this way so that you'll need to refer to only one source for information about drugs introduced since your current annual volume was published.

Your 1960 edition of PHYSI-CIANS' DESK REFERENCE will include those drugs described in the 1959 Supplements. Then next year's issues will start the cycle again... bringing you descriptions of new products as they appear in 1960.

Meanwhile, look for your October issue of the 1959 PDR Quarterly Supplement in the mail. Keep it with your 1959 annual volume for quick reference. In all, it gives descriptions of 207 new and reformulated drugs not described in your current annual.

**Nicozol Complex Liquid** (Drug Specialties-Prane) Niendex With Vitamin K (Nion) **Nolamine Timed-Release Tablets** & Elixir (Carnrick, G. W.) Norflex (Riker) Norisodrine Syrup w/Calcium Iodide (Abbott 1-Iron (One-Iron) (Drug Specialties-Prane)
Ostensin Tablets (Wyeth) Panheprin (Abbott) Pantho-Foam (U.S. Vitamin & Pharmaceutical Corp.)
Punthoject (U.S. Vitamin & Pharmaceutical Corp.) Parafon w/Codeine (McNeil) Pentids '400' for Syrup (Squibb) Permitil (White) Phenoxene (Pitman-Moore) Prednamin Tablets (Dome) Predne-Dome Aerosel Spray (Dome) Prolixin (Squibb) Robaxin Injectable (Robins) Saluron (Bristol) Sarcophen (Dome 'Secuderm'-MRT (Thompson) Similar w/Iron Liquid (Ross) Similar w/Iron Powdered (Ross) Sumycin Pressules (Squibb) Supertah (Tailby-Nason) Surfak (formerly Doxical) (Lloyd Brothers) Syntetrin (Bristol **Temaril Spansule Capsules** (Smith Kline & French) Tralcyon Filmtabs (Abbott) Tritis Tublets (Drug Specialties-Prane) VAD Sofeream (Walker Laboratories) Valmycin Tablets (Moore) "Vanay" Vaginal Cream (Ayerst) Vanul (Vanguard) Vasodilan Tablets • Injection (Mead Johnson)
Vi-Daylin Dulcet Tablets (Abbott)

Vi-Dom-A Oral Tabs (Dome)

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The tyranny of the clock For many diabetics, me is a tyrant. No matter how inconvenient it may be, they must take their reals and injections "by the clock," or risk disquieting reactions.

Orinase\* makes it possible for you to lift this burden from most of these mulin-dependent patients. Given in conjunction with insulin, it smooths at the "peaks and valleys" of erratic blood sugar levels... "stabilizes" a surrising percentage of brittle diabetics.

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### Medical Library

# Medical Economics

INDEPENDED TO THE BUILDING AT MICHAEL CIANS, OCT. 12, 1959

## Why They're Steamed Up About Relative Value Scales

BY HUGH C. SHERWOOD

"The adoption of a relative value scale in every state in the union, and the use of such scales to make health insurance more effective, is urgently needed if we are to maintain the private practice of medicine."

So says Dr. James M. Kolb, president of the Arkansas Medical Society and a member of the A.M.A. Committee on Medical Practices. He made the statement one Saturday last summer to physicians representing the medical societies of the six New England states and New York.

Host for the meeting in Boston's Hotel Statler-Hilton was the A.M.A. Committee on Medical Practices. Purpose: to explain and discuss relative value scales (or "relative value studies," as they're officially termed).

The committee had expected only twenty-five medical leaders to attend. Significantly, however, about 100 showed up, along with a number of Blue Shield officials and commercial insurance experts. What they heard and what they said made it clear that relative value scales are soon going

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Dr. James M. Kolb, president of the Arkansas Medical Society, says scales are "needed to maintain the private practice of medicine."

to be one of the hottest things in medicine.

On the assumption that MEDI-CAL ECONOMICS readers would like to know more about what's coming, I went to Boston for the meeting. I talked with medical leaders there, and I studied a transcript of the committee's first such regional gathering, held in San Francisco last April. From all this, I've culled answers to more than a dozen important questions that doctors have been asking about the scales. Let me run down the list of questions as if you were asking them yourself -as you well might be:

Q. No matter what they're called, aren't relative value scales really fee schedules?

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A. Definitely not. Unlike fee schedules, which put dollar values on listed services, relative value scales relate the worth of one medical procedure to others by means of units or points.

For example, the scale adopted last year by Kansas doctors values a routine office visit at 1 point, a first house call at 2 points. To use the scale, the doctor decides what he wants to charge for the office visit. To find a fair fee for the house call, he multiplies his office visit fee by 2. For a tonsillectomy (15 points), he multiplies the office visit fee by 15. And so on.

Some health plans and insurance firms have also translated such scales into fee schedules by putting their own dollar values on a basic one-unit procedure. "But relative value scales are not in and of themselves fee schedules," the A.M.A. Committee on Medical Practices emphasizes.

#### Fairer to Everyone

O. Why are relative value scales needed?

A. They're needed primarily to make health insurance more

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effective, say medical leaders who favor the system. Health plan payments have often been unrealistic in relation to doctors' charges. The result, says the A.M.A. committee, has been "economic injustice for the physician and the insured. Criticism of the medical profession has often led to demands for socialized medicine."

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#### M.D.s' Responsibility

So the committee maintains it's up to doctors to provide realistic guides that health plans—whether doctor-sponsored or commercial—can use for setting payments. Otherwise, it warns, "medicine runs the risk of alienating public opinion and losing its bargaining position with other agencies, private and governmental, which are engaged in financing the cost of medical care to the American public."

Q. But should doctors give such help to health insurers? Won't the scales inevitably be used to regulate doctors' fees?

A. Some physicians argue that relative value scales offer insurance companies and governmental units an easy way to bury the medical profession under a mound of fixed fee schedules. Says Dr. Cyrus W. Anderson, a member of the executive committee of the Colorado State Medical Society: "You can't divorce relative value studies and fee schedules."

Comments Dr. William J. Reals, who headed the committee that developed the Kansas scale: "There's probably some merit to such objections. But doctors must remember two things:

"First, private health insurers aren't necessarily enemies of physicians. On the contrary, I cnow a lot of doctors who believe that private health insurance has



Dr. William J. Reals, head of the committee that drew up Kansas' scale, believes M.D.s "must set up scales before it's done for them."



Dr. Donald C. Harrington has used California's scale to negotiate fees with health plans: "Otherwise we wouldn't have got fair fees."

saved the medical profession from Government control.

"Second, private health insurers must have some guides by which to understand the basis for their payments and to set rates for their contracts. It's better that those guides be realistic ones established by doctors than unrealistic ones established by insurance companies or Government agencies."

Q. How much have health insurers already used relative value scales to revamp their fee schedules?

A. To cite a few examples: Blue Shield plans in Califor-

nia, Kansas, Montana, and several other states have used such scales to set up new health insurance contracts or to re-evaluate old ones.

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A number of Medicare contracts have been negotiated with the aid of relative value scales.

California's Board of Social Welfare used a scale to reassess its schedule of payments for medical care of the indigent and aged.

The Workmen's Compensation fee schedule in Kansas is based on a relative value scale.

So are the major medical insurance contracts sold by the Metropolitan Life Insurance Company.

O. Have fairer fees resulted from the use of such scales?

A. Says Dr. John M. Rumsey of the California Medical Association: "I have done some negotiating with people who wanted to buy medical care on a state-wide basis. In doing so, we used the California relative value scale as a tool. I hate to think what would have happened if we hadn't had such a tool to work with. I think particularly of the time we sat down to negotiate a Medicare contract. Because of the scale, we didn't fall for such

offers as: 'We'll give you a few cents more for this procedure if you'll allow us to deduct a few cents from this one.'

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Adds Dr. Donald C. Harrington of California: "If we hadn't had a scale, we probably wouldn't have got what we wanted from California's Board of Social Welfare for treating the indigent and aged. What we'd have got wouldn't have paid the overhead in many doctors' offices."

Q. Are there other good ways such scales can be used?

A. They've been used by medical society grievance committees (in San Diego, for instance) to help settle fee disputes. According to the A.M.A. Committee on Medical Practices, they've helped prevent the formation of certain closed-panel plans. And, of course, they're extremely useful as a guide to the private practitioner in determining his own fees.

Q. Just how could I use a scale in my practice?

#### It Helps Explain Fees

· A. Obviously, as we've seen, it could help you set your fees so that they'd be relatively in line. But it could also help you explain your charges to patients.

Comments Dr. Sam G. Jameson, a urologist and an A.M.A. delegate from Arkansas:

"I performed a kidney operation on a patient. Later, I had to do a more difficult operation on the kidney of his next-door neighbor. Before I did so, I showed the second man a copy of California's scale and pointed out that California physicians thought his operation was worth more than the other one. I explained that I was showing him the scale because I didn't want him to think I'd given the first man a better break. He was most understanding."

Q. How many states now have relative value scales?

A. Such scales have been officially adopted for state-wide use in California, Iowa, Kansas, Montana, Nebraska, and the District of Columbia. Physicians in a number of other states have used existing scales to help negotiate Blue Shield or Medicare contracts. Among such states are Arkansas, Maine, Michigan, and South Carolina.

Q. Do doctors in states that now have scales find fault with them?

A. There has apparently been little dissatisfaction with the



Dr. Lester D. Bibler, chairman of the A.M.A. Committee on Medical Practices, expects most states to adopt a scale in the near future.

principle. Some physicians have been unhappy with some of their point values. In Kansas, for example, radiologists and OB/Gyn. men have complained that the point values for certain procedures in their specialties are too low.

But there's no rule against changing a given scale. The Kansas Medical Society has ordered one of its committees to restudy the scale and report back.

Q. Are there any other major objections to relative value scales?

A. Some doctors object to value scales because their point

values are based on so-called typical procedures done by socalled typical physicians; the point values don't take into account a given physician's experience or competence. They argue, for example, that a given scale may rate a gastrectomy as worth 100 times as much as an ordinary office visit. But such a rating may be too high, they say, if a doctor is young and inexperienced. Or it may be too low if a doctor happens to do the best gastrectomies in his state.

'(Proponents of the scales reply that they're supposed to be rough guides. If a physician wants to deviate from them, he may.)

Q. What are the chances that a scale will be adopted in my state?

#### More Areas to Get Them

A. Quite good. Besides the states that already have scales, the medical societies in Connecticut, Michigan, and Minnesota have taken steps leading toward their adoption. What's more, a number of medical leaders at the A.M.A.'s first two regional meetings on relative value scales indicated that their societies would probably soon follow suit. H

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Predicts Dr. Lester D. Bibler, chairman of the A.M.A. Committee on Medical Practices: "More than half the states in this country will have such scales shortly."

Q. Is there any chance a nation-wide scale will be established?

A. A year or so ago, a number of medical leaders favored such a scale. Some still do. But most observers think it unlikely that they'll get their way, at least within the next few years.

Last December, the A.M.A. considered and rejected the idea of a national scale. The association feared that such a scale might lead to accusations of price-fixing. And it decided that state-wide scales were both more practical and more likely to be accepted by the medical profession.

O. How are relative values determined?

#### It's Done by Survey

A. The California Medical Association began by making a state-wide survey of doctors' usual charges for various medical procedures. It labeled either the

median or modal figures it got from the survey as typical charges.\* When it found that the typical fee for a routine office visit was \$5, it then arrived at the basic one-point relative value of such visits by dividing \$5 by 5. The rest was easy. Relative values of all other procedures were obtained by dividing typical charges by 5.

Washington, D.C., physicians

 A median charge is a charge that exactly half the surveyed doctors equal or exceed and the other half equal or don't attain to. A modal charge is a charge made by the largest single segment of a group of surveyed doctors. In deciding which figure to use, the C.M.A. was guided by the frequency with which the reporting M.D.s did a given procedure.



Dr. Francis J. Cox, who chaired the committee that wrote California's scale, asserts the public has a right to know how fees are set.

made a similar area-wide study before setting up their scale. But since the California scale was the pioneer such system, most medical societies have discussed its point values with spokesmen for various specialty groups in their states, and have then adopted the California scale with not many changes.

Q. Do relative value scales relate the values of surgical procedures to the values of medical and other procedures?

A. The California scale does not do this. California really has four scales-for medicine, surgery, radiology, and pathology. The values in any one scale aren't related to the values in the other scales. Reasoning behind such separation:

California's doctors decided that an across-the-board dollar value might result in certain inequities if a single scale were used to help determine health plan payments. For example, if each point were valued at \$3, a surgeon would be well paid for his services. But radiologists and pathologists would take a loss because their overheads are so high.

So the West Coast physicians have kept the four scales sepa-

rate. Where necessary, they apply different dollar values to the different scales in negotiating health insurance contracts. For instance, in one case they've rated each point in the surgical scale at \$3.75, each point in the radiology scale at \$4.50.

But most medical societies that have adopted scales have set up a single, integrated scale. Explains Kansas' Dr. Reals: "In my state, the overheads of most radiologists and pathologists aren't as high as the overheads of radiologists and pathologists in California."

#### Scales Are Flexible

Q. Once a relative value is established, doesn't it tend to become fixed and inflexible?

A. No. For one thing, no doctor is compelled to abide by the scale for every procedure in every circumstance. For another, the Committee on Medical Practices recommends that states with scales make resurveys every few years to see whether changes are in order. Such checks are needed, says the committee, because new medical procedures will be introduced, others will become obsolete, and still others will require less [More on 324]

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## Cash in Advance? 'Bad Medicine, Bad Business!'

The tougher you are on potential deadbeats, the more harm you do yourself and your colleagues, say these doctors

#### BY ROBERT L. BRENNER

many other doctors as tight-fisted about granting patients credit as this one is! A handful of physicians like him could convince the public that we're all Scrooges."

This comment from a Ten-

nessee G.P. is typical of those received by MEDICAL ECONOMICS as the result of its recent publication of an article by a California pediatrician. The article told about the pediatrician's unusually stiff "cash in advance" collection policy—which he applies to all new patients whose financial status is doubtful.\*

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<sup>\*</sup>See "Your Collection Policy: How Tough Can It Get?," March 2, 1959, issue. For high lights of the Californian's system, see the box on the next page.

NOMICS published the piece in the belief that it would "help readers crystallize their thoughts on a problem that's seldom discussed: Where should the conscientious doctor draw the line in dealing with potential deadbeats?" That belief was apparently well justified.

Scores of doctors and professional management consultants have written thoughtful critiques of the hard system recommended by the Californian (who wrote his article under the pen name of Aaron Dodd). From their comments to this magazine, three main facts emerge:

- 1. Most doctors feel that a colleague who charges in advance for his services-with the possible exception of some surgery and OB work-is too concerned with money to practice good medicine.
- Most professional management men say that Dr. Dodd's methods would be "sharp prac-

#### DR. DODD'S 'TOUGH' COLLECTION POLICY

"After years of sweating out collections, I've finally found a solution to the problem," said a California pediatrician in a recent MEDICAL ECONOMICS article. "I merely collect part of my bill before admitting certain cases to the hospital [or accepting them for extended treatment]. If the patient won't pay, I drop the case."

The pediatrician, who wrote under the pen name of Aaron Dodd, has his aide check with the local credit bureau on each new family that enters his office. Thus: "Within minutes, I know whether or not the family has established a satisfactory credit rating."

He then tells the family with a poor rating or none at all: "I feel that a fair deposit in this case would be about \$\_\_\_\_."

And if the family won't-or can't-pay?

"My attitude with such people is unvarying," Dr. Dodd wrote. "If the request for deposit can't be met, the patient must be referred elsewhere. There are no ifs, ands, or buts."

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3. Doctors and management men alike agree there are far better ways to cope with the potential deadbeat than by demanding cash in advance.

A few of the doctors who comment on the article say they sympathize with the author's natural desire to be paid for his services. But not a single reader goes all the way with the Californian. To a man, they deplore the "hardheartedness" of his collection policy. And most of them emphasize the effect any such system must have on medical public relations. As one of his in-state colleagues puts it: "If many doctors followed his system, people would think our profession had sunk to the gutter."

"I'm glad I don't have to resort to such tactics in my practice," observes a Michigan G.P. "It must take real courage to haggle with a parent over money when his child is acutely ill."

#### 'Never Justified'

A Chicago internist adds: "I don't think a doctor is ever justified in refusing to treat a sick patient—child or adult—just because he's unsure of the patient's ability to pay."

One professional management consultant—who's also from Dr. Dodd's state—calls his methods "the best advertisement for socialized medicine I've seen." Others point out that if he tried such tactics in the business world, he'd probably not be in business long. An Eastern management man explains it this way:

#### Businessmen Don't Do It

"It's accepted business practice to demand cash in advance for goods. But reputable businessmen don't get an advance for services. What Dr. Dodd is really demanding is a retainer. Why should his patients be made to buy a pig in a poke, even if that poke is lettered M.D.?"

Strong as the above arguments are, there's evidently an even stronger one against the cash-in-advance technique. A number of men point out that it simply isn't necessary—that, to quote one Southerner, "it's perfectly possible to grant all new patients credit and still keep collections up where they belong." Many readers outline their own systems in order to bolster this contention.

"I do it simply by following sound, basic collection procedures," says an Ohio pediatrician. Since the main outlines of his collection policy are similar to those recommended by many other readers, they're worth reviewing in detail. The following paragraphs are a verbatim quote from his report to MEDICAL ECONOMICS:

"Most of the parents whose children I treat are young and just getting started. So about 90 per cent of my work is on a charge basis. Yet I've never demanded cash in advance—never even checked a new family's financial standing. And I still keep my accounts receivable at a very respectable two- to threemonths' business. Here's how:

#### He Uses Charge Slips

"Every patient, new or old, is given an itemized charge slip to hand to my aide at the end of each office visit. My aide then says, 'Your charge for today is \_\_\_\_\_.' (If the patient has an outstanding account, she'll add, 'Your balance is \_\_\_\_.') And she asks: 'Would you care to pay now or to charge?'

"If the parent of the patient wants to charge, and if the account isn't more than three months outstanding, that's that. It's charged. If the account is over three months old, my aide discusses it with the parent, asks if there's any financial difficulty, etc. But the parent is still allowed to charge it.

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"And he can keep on charging it as long as he's making some effort to catch up. I demand cash for office visits only if the parents make no effort to reduce an account outstanding six months or more. In such cases, the parents are notified—by either mail or phone—that my accountant suggests I give their bill to a collection agency. I add that I don't like to do anything so drastic, but that future visits will have to be on a cash basis until the account is paid up.

"Only if the parents n.ake no effort to pay after this notice do I turn the account over to a collector. And only about 1 per cent of my bills ever get to collection agencies.

"Furthermore, unlike Dr. Dodd, I've never demanded cash in advance or refused to care for a sick child, regardless of the unpaid balance. I have written letters to two sets of parents suggesting that they go to one of the free local clinics the next time their child needed care. But in

both instances these parents had given me rubber checks, called in the middle of the night for minor illnesses, and repeatedly broken appointments."

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It's apparently a rare doctor who doesn't find some such system as the above preferable to Dr. Dodd's. A few surgeons and OB men say they sometimes ask for advance payment. But none of them advocates Dodd-like toughness. This statement from a Missouri obstetrician is fairly typical:

"I tell each new patient that my fee is \$150, and that I expect her to pay it off in monthly installments by the time of her delivery. If she then misses any month's payment, my secretary speaks to her about it during her next prenatal visit. If she still makes no effort to catch up, I have to decide whether to continue her care or refer her to our local clinic.

"Since I'm not a Dr. Dodd, I nearly always continue the patient's care. In fact, there are only two reasons why I ever refer a patient to the clinic: She appears to be in such tough financial straits that she can't afford



"... and after Martha spends hours preparing dinner, all you can say is
"It sure looks like a high cholesterol content!""

private hospitalization; or she seems able to pay but simply won't. Here's an example of the latter case:

"A patient whose previous child I'd delivered recently returned to me four months pregnant. I know her husband earns \$100 a week. After her previous delivery, she promptly sent me insurance forms, which I filled out and returned. But she never paid my bill; she told my aide they'd used the insurance money to pay the hospital.

"Now, while I realize that \$100 a week isn't a huge income, I feel that with a little budgeting this couple could have paid my bill. So when she returned to me pregnant, I asked her tactfully to retire her old account and prepay this delivery. She refused. So I referred her to the clinic.

"Let me re-emphasize, however, that my policy is anything but hard and fast. I deliver patients time and again who haven't paid their previous bill. But I do it with my eyes open, knowing in advance that chances are I won't be paid."

Or listen to this New York surgeon:

"I always point out to the prospective surgical patient that there's a hospital bill as well as my fee to be taken into account. What I do next depends on my estimate of his ability to pay.

"If I feel he can afford both me and the hospital, I ask him to pay half my fee before hospitalization and the balance afterward. If I feel he can afford neither my fee nor the hospital bill, I refer him to our county hospital, where-as I explain-the resident surgeon will operate under my direction.

"And if he says he can swing a hospital bill but not mine, l tell him I'll treat him in a hospital as a private patient for no charge. Incidentally, few patients accept this offer. Most prefer to work out some budget payment plan."

#### Dr. Dodd Stands Alone

So the vote against a truly tough collection system appears to be overwhelming. The consensus is well summarized by an Arizona G.P.: "I wonder whether Dr. Dodd sleeps well, knowing there is even one child who may have suffered because of his vou mercenary refusal to treat the poor kid. My, but the doctor must be proud of his bank ascount!"

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# Should You Buy a Retirement Income Policy?

It combines life insurance with an annuity. It gives you less insurance than a term or ordinary life contract, less retirement income than a simple annuity. But it has unique advantages for some doctors

By M. J. Goldberg

"The wonderful thing about this policy, Doctor, is that you can't lose on it. If you die, your beneficiaries will collect at least \$50,000. If you live to age 65, you'll be guaranteed an income of \$500 a month for life."

If a life insurance agent says something like that to you, he's describing a retirement income policy (sometimes called an insurance annuity, retirement endowment, or income endowment). Stripped of its fancy name, any such contract is simply a cross between life insurance and an annuity. And it's literally true that if you buy one, you or your heirs are bound to collect on it. If you die, the insurance part of the contract pays off. If you live, you collect on the annuity.

For the doctor who must make financial provision against both

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premature death and old age, this sounds like the perfect package deal, doesn't it? And there's something else to be said for the retirement income type of policy: Since both elements of protection are offered in a single contract, the total cost is a little less than if each were bought separately.

But let's face it. Every silver lining must have a cloud. And the cloud in this case is one you should take a hard look at before you accept your insurance agent's invitation to a ride:

#### You're Betting Both Ways

If you buy a dual-purpose policy, you're also taking a double gamble. With one insurance premium, you're betting against dying too soon and living too long.

Obviously, you can't do both. So here's what happens:

If you die prematurely, your beneficiaries will get far less insurance money than they'd have enjoyed if you'd bought any other type of life insurance contract for about the same amount of money.

And if you live beyond retirement age, your monthly income will be smaller than that provided by an equivalent annuity contract.

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So the retirement income policy is like a hedged bet, and some tall figuring is in order before you sign on the dotted line. The key questions to ask yourself:

Do you now need both life insurance and an annuity? Do you need such coverage in roughly the proportions that the retirement income contract offers? If you do need both, is the retirement income contract the best way for you to get it? Or would you do better by splitting the combination into its parts—say, an annuity or separate saving plan plus term insurance?

#### What You Get

As a start toward answering these questions, let's take a closer look at the retirement income policy itself. Let's see just how much protection—and what kind—it really offers.

Each company has designed its own contract, of course; but the various policies differ little in their essentials. You select the face amount of life insurance you want, and for every \$1,000 you buy you get an annuity of \$10 a month when you reach the selected retirement age. In 1

\$10,000 retirement income policy, for example, the death benefit is \$10,000; the income at retirement, \$100 a month.

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The size of premiums naturally depends on your age at purchase and the age at which you want your annuity payments to begin. To illustrate: If you're now 40 and plan to retire at 65, a \$10,000 retirement income policy would cost you about \$530 a year.

That's a high premium rate just about twice what a \$10,000 ordinary life policy would cost you. It has to be high, because most of each premium goes toward building up the cash value of the policy.

It's from the cash value, of course, that your retirement money will come, if you live long enough. After fifteen years or so, in fact, the cash value of a retirement income contract becomes even greater than the face value.

Once that happens, your policy is no longer really a life insurance policy. Instead, it becomes a savings-investment program pure and simple. Thereafter, if you die before your retirement age, your beneficiaries will get the full cash value, which exceeds the face value. But the to-

## WHAT \$1,000 A YEAR IN INSURANCE PREMIUMS WILL BUY\*

		Value at Age 65							
Type of Policy	Death Benefits	In Cash	In Monthly Income For Life						
Term (5-yr. renewable)	\$62,000	None	None						
Ordinary life	35,739	\$26,812	\$151						
Retirement income	16,710 or cash value, whichever is higher	32,062	197.50						
Annuity	cash value	34,355	211						

<sup>\*</sup>Based on rates charged by one leading mutual insurance company for a 40-year-old man.

tal sum represents nothing more than your own accumulated savings.

To see how any such policy compares with other types of insurance contract, glance at the table on page 101. Note that the insurance portion of the package guarantees your beneficiaries some protection against your very early death—a benefit that the straight annuity doesn't offer. But a relatively small portion of your premiums goes to pay for insurance coverage. Most of what you pay builds up the cash value. Clearly, then, the retirement income contract is much

closer to an annuity than to life insurance.

So there's the answer to one of your key questions. If you feel you need a little extra life insurance coverage and a lot more assured retirement income, the package deal may suit you fine. But if what you need most is pure death protection, this isn't the right way to get it.

To understand how wrong it can be, consider the case of a physician I'll call Dr. Stanley:

When he was 35 years old, the doctor bought a \$10,000 retirement income policy. He thought it wise to start early on a retire-



"No, you can't expect fast, fast, fast relief!"

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"Any dren more ness ment savings program; and he liked the fact that the program he was starting would give his wife and two children an extra \$10,000 if he were to die young.

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But he expected to live a long time, of course. The new policy, plus another \$20,000 of ordinary life, was all the life insurance protection he had.

#### Lost: \$26,000

Unfortunately, Dr. Stanley died at 45. His widow collected the \$10,000 face amount of his retirement income policy, along with the other \$20,000—and that was all right. But note this: For the roughly \$417 a year that Dr. Stanley had paid out for the retirement income coverage, he could have bought \$36,000 worth of term insurance. And his young family would have been a lot better off.

In other words, the doctor had erred in buying a policy stressing retirement values at a time when his primary need was still pure protection. He'd gambled against dying—and lost.

Says one insurance authority:
"Any man who has small children and who feels he needs more life insurance has no business using his money for a retire-

ment income program. The retirement income contract is a potentially good buy only for the doctor who's satisfied that his family has nearly enough current protection to permit him to start thinking about his retirement years. I'd say that the turning point for most medical men arrives sometime between the ages of 40 and 50."

Well, suppose you've reached the "turning point." Suppose you now want to start building a guaranteed income for your old age. And suppose you'd also like your wife to have a few extra thousands in life insurance, just in case you don't live to finish your savings program.

#### Which Contract for You?

Is a retirement income policy the best way to reach your objectives? Or would you do better to buy a low-cost term policy and invest the rest of your savings in some other fashion?

For an answer, I suggest that you consider the following arguments for and against using life insurance as a vehicle for retirement savings.

The advantages:

¶ Your money is about as safe as it can be. [More on 328]

# Questions They're Asking bo



THE AUTHOR is executive director of the American Association of Medical Clinics. Charlottesville, Va., and editor of an authoritative book, "The Physician and Group Practice."

then medical groups were still new in America, other doctors tended to view them as either menaces or marvels. Today such extreme views have been largely replaced by a realistic acceptance of groups-and a realistic curiosity about how they work.

Want evidence? Consider the following questions. They're the ones that solo doctors most often ask me about group practice. Whether you're interested in starting a new group, joining an old one, or just in knowing more about them, you'll probably find some of your unspoken ques-

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# ing bout Group Practice

Here are twenty-two important questions often raised by solo doctors—plus answers from the physician to whom such questions are most often put

By Edwin P. Jordan, M.D.

tions answered in the following brief replies.

#### Why Group Practice?

Q. What's the best reason for going into group practice?

A. The thoughtful doctor usually figures it may enable him to practice better medicine. A medical group makes it easy for him to consult with other doctors. It allows him time off for refresher courses, other postgraduate study, and vacations. While he's away, he knows his patients are being taken care of.

There may also be good professional and economic reasons for forming or joining a group. The solo specialist in a sparsely populated area sometimes can't count on many patients. A group is likely to draw patients from a wider area, thus extending the doctor's usefulness and earnings.

Q. What's the best way to get a line on established groups?

A. Consult the men in them. But don't just write them; visit them. Stay long enough to get behind the "everything is wonderful" facade that any organization presents to a casual visitor. Take a doctor or two aside and pose questions like these:

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practitioner face here that a solo practitioner doesn't? Do you ever wish you were in solo practice? If so, why?

Q. Before starting a new group, should I ask the advice of other solo doctors in town?

A. Yes, if you're planning to ask them to join. No, if you're not. In the latter case, they'll almost certainly advise you against setting up a group.

Q. Is it natural for solo physicians to show some resentment

toward a new group?

A. Yes, it's entirely natural. There is always some dislike of "bigness." Many solo physicians may not refer patients to the group even though they referred to its members when they were solo practitioners. Some may try to prevent group physicians from getting hospital privileges. But, fortunately, antagonism toward groups is decreasing as group practice becomes more widespread and better understood.

Q. What can a group do to reduce resentment from solo

men?

A. First and foremost, it can practice good medicine. It can also scrupulously return all referred patients to the referring physicians.

Q. Can a medical group make a go of it in a small town?

A. Yes indeed. The size of the town is less important than the extent of the group's drawing power. I know a very successful twenty-eight-man clinic in a Midwestern town of only 12,000. The group draws patients from a 200-mile radius.

Q. What about the chances for a new group in a great met-

ropolis?

A. Groups have done well in some very big cities. But there often doesn't seem to be as much need for such organizations in metropolitan areas. Medical schools and large hospitals often function in much the same manner as a group does. I think it's significant that cities like Cincinnati, Kansas City, and San Francisco do not have any large groups.

#### What Size Medical Groups?

Q. What's the ideal size for a new group?

A. I thing a six-man group is just about right to begin with. If one or two men drop out of a four-man group, it will probably fold. If one or two drop out of a six-man group, it will probably keep going. And a six-man setup zati grou (

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Q. What specialties are musts in a new group?

A. This depends on the needs of the community. But most beginning groups have made sure they were represented in internal medicine, surgery, and one other field. Most often, the third field was pediatrics or obstetrics. (There are also some fine general practice groups.)

Q. How large should a group grow?

A. In time, many groups feel, they should be able to take care of any patient who walks in the door, no matter what his ailment. But they add a given specialist only when they're sure the group is referring away enough patients so that it could support the new specialty on its own.

### **Group Finances**

Q. Would I be likely to earn more money in a group than in solo practice?

A. You might earn more at the beginning or end of your group career. But your earnings would probably be about the same over the long pull. You'd be unwise to go into group practice if you're seeking maximum financial rewards.

Q. Can a group start with a small initial investment?

A. Yes, it's possible. It can get much of the equipment it needs from its members' former solo practices. And if it rents space, it won't have to invest in a building.

Q. Is it better for a group to build its own building?

A. Most groups seem to think so. One study of forty-odd groups formed in the last decade or so shows that nearly three out of four started off with their own buildings. The reason, I think, is that even small groups tend to grow. The best way to prepare for growth is to erect or buy a building that can be expanded.

Q. What fees should a new group charge?

A. About the same as local solo practitioners whose qualifications are comparable to those of clinic members.

Q. What are the most popular ways of dividing group income?

A. There are three popular ways. Under the so-called shareand-share-alike system, the group pays each member the same income, regardless of his field of practice, age, or earnings.

Under the so-called point system, the group assigns point values to factors like seniority and patient-volume. Then it pays each member according to the points he earns.

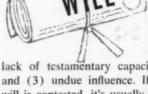
Under the so-called committee system, the group appoints a committee to evaluate each member's contribution and determine his income. Q. Which is the *best* of these three ways of dividing group income?

A. The "best" way is the way that seems fairest and works most successfully for a given group. Personally, I favor a compromise that combines parts of the above three systems. Such an arrangement is in effect at the Akron Clinic in Akron, Ohio, and is widely used in modified

### Could Your

It may seem improbable to you right now that anyone would contest your will after your death. Still, such things do happen. Better brief yourself on the three main reasons why wills are set aside in court—and then make sure that your own will isn't vulnerable to any such claims.

The three general grounds for declaring a will invalid are (1) lack of proper execution; (2)



lack of testamentary capacity; and (3) undue influence. If a will is contested, it's usually on all three grounds at the same time.

What's proper execution? The law varies somewhat from state to state. But using New York as a representative example, a will must be signed at the end by you, the testator, in the presence of two witnesses to whom you have declared that the instrument is

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Q. What percentage of group income usually goes for expenses?

A. About 45 per cent, according to one three-year-old study. This includes 21 per cent of gross income for employes' salaries, 10 per cent for administrative and general costs, 8 per cent for medical supplies, and 6 per cent for building or occupancy expenses. Of course, these are averages. Group overhead actually ranges from 36 to 55 per cent in the groups I've visited personally.

### Personnel and Policies

Q. How can I tell if I'd make a good group member?

A. Do you like to run all your own affairs? Do [More on 334]

### e Set Aside? BY ALLAN J. PARKER, ILM.

your will. What's more, the witnesses must sign their names at the end of the will at your request.

Why all these technicalities? To prevent the subsequent insertion of additional clauses that you, the testator, never knew about. Also, of course, to make it less likely that someone will come forward with a fake will after your death.

When a will is contested on

grounds of lack of testamentary capacity, it's the same as saying that you didn't fully comprehend who your close relatives were, what your property was, and the effect of your will at the time you signed it.

Consider the case of Dr. A. He was suffering from delusions that his children were conspiring against him. So he left his entire estate to a spiritualist-seer. Although he was not legally insane,

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his will was set aside for lack of testamentary capacity in favor of an earlier will benefiting his children.

Mere eccentricity, however, is not the same as delusions. The courts won't set aside bizarre bequests unless there's some evidence that the testator just wasn't himself.

Now, what about the question of undue influence? It can best be illustrated by two cases on either side of the line:

Jo Ann, a widow, came to live with her father, Dr. B, when he was 79. She kept her two brothers and their families from making their usual visits to him, saying that their father wasn't well and didn't wish to see them. At the same time, she filled her father's ears with untrue stories of her brothers' misconduct and seeming neglect.

One evening when her father was ill, she called her son-in-law, an attorney, to draw a new will. This changed the doctor's prior plan of equal distribution among his children. Instead, it left his entire estate to Jo Ann. The will was drawn on the spot, signed by Dr. B, and witnessed by two of Jo Ann's close friends.

Under these circumstances, a

court later held that the will was a product of undue influence.

On the other hand, consider the case of Mrs. Mallory. Ignoring members of her family, she left a large bequest to Dr. C, her friend and personal physician for twenty-five years. The rest of her estate went to her church.

Because of the physician-patient relationship, the court took a hard look at the circumstances of this will. But no undue influence was found. The will had been drawn five years before death by a prominent attorney who had represented Mrs. Mallory for many years. She had met with him several times in the course of the will's preparation and execution. It was obviously a carefully considered document. So the will was admitted to probate.

### State Your Reasons

In order to rule out any claim of undue influence, it's often a good idea to explain in your will any inequality of distribution. Thus: "I make unequal provision for my son, not because of any lack of affection toward him, but simply because he is financially much more favorably situated than my daughter."

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## A Car Phone Saves Me Time, Trouble, Temper

BY W. FOSTER MONTGOMERY, M.D.

This doctor began by scoffing at the idea. Now he says
the \$32-a-month service more than pays for itself

One of my patients works for the Indiana Bell Telephone Company. A few years ago, he urged me to put a phone in my car. I laughed at him. "You'll install a phone over my dead body," I said. "What possible use could I have for the thing?"

But the man was in charge of promoting mobile telephones, and he kept after me. Finally, he persuaded me to try one for a couple of months. It's been in my car ever since. And anyone who wanted to remove it would have to do so over my dead body.

Why am I now enthusiastic about the phone? Because it saves me time, trouble, and temper. And it improves my patient-relations in the process.

A few months ago, for instance, I scheduled a gastrectomy for 8 o'clock one morning. A little while before I was to leave for the hospital, I got an emer-

THE AUTHOR is a surgeon in private practice in Indianapolis, Ind.

gency call from the other side of town.

I'd used the car the night before, and there wasn't much gas left in the tank. But with no time to spare. I decided to risk the trip on what gas there was. Fortunately, I was able to complete the emergency call. On the return trip, though, the car stuttered to a halt about two miles from the hospital.

### Tank Filled by Phone

What did I do? I picked up the receiver on my car phone and called the American Automobile Association. In a few minutes, a truck from a local filling station pulled up with some gas. And I got to the hospital with minutes to spare, having saved time when it really needed to be saved.

### Saves Time in Hospitals

I save time, too, by using the phone to call hospitals to arrange my surgical schedules, leave orders, etc. Without it, I'd have to waste valuable minutes attending to such matters after my arrival. Of course, the phone also enables me to receive and attend to emergency calls promptly.

And the wasted effort it spares

me! Take the day when I was at the Hancock County Memorial Hospital in Greenfield, eighteen miles from my home base in Indianapolis. I'd just started off on the drive back to the city when the car phone rang. A Greenfield doctor wanted me to look at a woman patient who was on his examining table. I told him to nold everything; I'd be right over. And within five minutes, I was.

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Without my helpful gadget, what would I have done? I'd have driven all the way back to my office. There I'd have been given the doctor's message. Then I'd have had to make another round trip to Greenfield.

### **Patients Benefit Too**

The phone doesn't just make things easier for me. It has also proved a boon to my patients. To illustrate:

One morning a few weeks ago, my aide called while I was in transit between house calls. A patient had come to the office to ask what he should do with some X-rays he'd had taken. My aide didn't know. Over the car phone, I told her what to tell him. So the patient got what he needed without having to wait for my return.

Such experiences improve pa-

tient-relations greatly. Several of my patients have told me it gives them a feeling of security to know that I'm nearly always within earshot.

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rn. paActually, I don't publicize my constant availability. For obvious reasons, I don't want too many people to be able to reach

me while I'm at the wheel. I've given the number to some of my colleagues, several hospitals, the doctors' exchange, my aide, and my family. But I've kept it out of the telephone book.

Word gets around, though. Main reason: Whenever I call a patient from the car, I have to

### CAR PHONES: WHERE? WHAT? HOW MUCH?

The Bell Telephone Company's mobile service is available in most of the nation's major cities and in a good many medium-sized communities too: for example, Burlington, Vt.; Lake Charles, La.; Casper, Wyo.; and Medford, Ore. In Chicago, the phones are so popular that Bell hasn't been able to keep up with the demand.

A car phone's transmitting and receiving unit is usually mounted in the car's trunk. The unit measures roughly 7" x 20" x 20". It must be installed horizontally. The handset is usually attached to the car's dashboard, to the right of the driver. Like any land-based phone, this one requires the user to give an operator the number he wants to call. Since carphone owners are on party lines, they sometimes have to wait a few minutes to make a call. But on incoming calls, an owner's phone rings only when the call is for him.

If he's away from his car when a call comes in, a small lamp lights up and remains lighted. In addition, a special switch can be installed to activate the car horn.

Typical cost of a phone with a twenty-five-mile speaking radius: \$50 to install, a minimum of \$32 a month to use. If the doctor wants to be on several channels so that he can get through to several different areas, it will cost him \$3 extra per month per channel.

explain what I'm doing. The phone is somewhat like an Army walkie-talkie. The person I'm calling can't talk to me until I finish whatever I'm saying and release a button.

But no matter how many people know about the phone, it can't become a nuisance. It's like a hearing aid; it can be shut off. By turning a key, I can prevent it from ringing. And if I'm signed out, I usually do turn the key.

When I want to remain available, the phone proves useful almost anywhere. For example, on my way home from hospital or office, I often stop at a local driving range. Before teeing off, I flick a switch on the phone. If it rings, my horn blows. So I can have a bit of recreation without missing important calls.

There are two kinds of phone available. One, known as an ur-

ban phone, is effective within a twenty-mile radius. Unless you're among a lot of trees and buildings and are talking to someone several miles away, i provides good reception.

The other kind, which I have, is called a highway phone. It with the functions perfectly within a twen-ing give ty-five-mile radius. The service aper in costs me \$32 a month-\$25 for elieves rent and maintenance of the in htereste strument, another \$7 for twenty life fact three-minute calls. Only the calk a today I make from the car eat into this allotment. Calls made to me an dicropo billed at normal rates to the call opic p ing party.

I don't consider the arrange ylinder ment expensive. As I see it, it lete co saves me enough time and trouble tob ble to pay for itself. I'd recom- esult, mend it to any physician who's as hav on twenty-four-hour call or who ling ENDEleane must do a lot of driving.

# ay I help you, Madam?

One afternoon in the O.P.D. clinic I thought I recognized one of the women patients. So I said, "Haven't I seen you

"Yeah," she replied. "You're the doctor that waited on me the last time I come in." -J. J. NICHOLAS, M.D.

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# Don't Be Deceived by Interest Rates!

The amount of interest you really pay on a given debt may far exceed what you think it is. Here's how to distinguish between fact and fancy

By M. J. Goldberg

Dr. Hillary leaned back in his swivelchair and looked complacent. "The bank wanted 6 per cent to lend me \$5,000 on my open-end mortgage," he said. "But I'm no fool. I shopped around till I found a home improvement loan at 5 per cent. I'm saving 1 per cent a year in interest. Not bad, eh?"

I shook my head. "Sorry to disillusion you, Doctor," I said. "But your 5 per cent loan is probably costing you more like 10 per cent. That means you'll be paying 4 per cent more than necessary for as long as you carry the loan."

As I pointed out to Dr. Hillary, interest is simply the price you pay for the use of other people's money—but the price tag is written in complex language. A "5 per cent" rate may not be 5 per cent. A "\$5,000 loan" may not be for \$5,000.

Unless you interpret interest rates correctly, you don't know the real cost of borrowing money. And unless you're able to figtreat the common cold PLUS ....ex

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### he full therapeutic potential of Madribon

ledribon, a safe, low-dosage antibacterial, controls the majority of bacterial inpriors seen in general practice—promptly, economically and without the risk of spleasant after-effects.

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Continue therapy for 5 to 7 days, or until patient is asymptomatic for at least 48 hours. Instead The usual precautions in sufforamide therapy should be observed, including multenance of adequate fluid intake. If toxic reactions or blood dyscrasias occur, use the drug should be discontinued.

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ure out the real cost, you can't compare different sources of money and make a wise decision about which is best. Hence this article. In the following pages you'll find a shopper's guide to money.

To begin with, let's analyze the 6 per cent open-end mortgage loan that Dr. Hillary could have got from a bank. That 6 per cent was a "real" rate-the rate charged on the unpaid balance of the loan for the exact length of time it would have remained unpaid.

With each monthly payment,

the debt would have decreased: and so would the interest charges. If the doctor had paid off his loan in a year, for example, the unpaid balance would have averaged only about \$2,500 over the course of the twelve months. The interest charge for the loan would therefore have been about \$150—that is, 6 per cent of \$2,-500.

How does this differ from the "5 per cent" home improvement loan that the doctor preferred because it sounded better?

For one thing, the interest on the home improvement loan is

GLUKOR effective in 85% of case Glukor may be used regardless of



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Prescribe ANTIVERT for relief of Meniere's syntems, arteriosclerotic vertigo, labyrinthitis, and Meptomycin toxicity. Also effective in recurrent ladache, including migraine. Besage: One tablet before each meal.

Supplied: In bottles of 100 blue-and-white scored tablets. Prescription only.

References: 1, Menger, H. C.: Clin, Med. 4:313 (March) 1957. 2. Charles, C. M.: Geriatrics 2:110 (March) 1956. 3. Shuster, B. M.; M. Clin, North America 40:1787 (Nev.) 1956. 4. Delowitz, D. A.: Rocky Mountain M. J. 55:53



New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being

MEDICAL ECONOMICS · OCTOBER 12, 1959 123

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greater antihypertensive effect...fewer side effects

# HYDROPRES



For complete information write Professional Services, Dept. H4, Merck Sharp & Dohmt West Point, Pa.

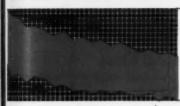
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HYDRODIURIL alone



RESERPINE alone



### HYDROPRES

much more effective than either of its components alone

- · Effective by itself in a majority of patients. Provides smooth, more trouble-free management of hypertension.
- · Since HYDRODIURIL and reserpine potentiate each other, the required dosage of each is lower when given together as HYDROPRES than when either is given alone.
- HYDROPRES provides the needed and valuable tranquilizing effect of reserpine. Lower dosage may reduce such side effects of reserpine as excessive sedation and depression.
- · Arrest or reversal of organic changes of hypertension may occur.
- · Headache, dizziness, palpitations and tachycardia are usually promptly relieved. Anginal pain may be reduced in incidence and severity.
- · With HYDROPRES, dietary salt may be liberalized.
- · Convenient, controlled dosage.

25 mg. HYDRODIURIL, 0.125 mg. reserpine.
One tablet one to four times a day.

50 mg. HYDRODIURIL, 0.125 mg. reserpine.

If the patient is receiving ganglion blocking drugs or hydralazine, their dosage must be cut in half when HYDROPRES is added.

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

"discounted." This means that the interest charges are deducted in advance, so that the doctor never gets the use of the full \$5,-000.

Then, too, even though Dr. Hillary is paying off the loan in installments—and the average unpaid balance amounts to even less than \$2,500—he has had to pay interest on the full \$5,000 face amount of the loan.

As he has belatedly discovered, the 5 per cent rate on his home improvement loan is a "nominal" rate, not a real one. If he pays the debt off in one year, his total interest cost will have been \$250. That's \$100 more than the "more expensive" openend loan would have cost.

Moreover, since the \$250 was deducted in advance, the doctor has never had the use of more than \$4,750, as compared with the full \$5,000 he'd have been given by the bank.

The distinction between real and nominal rates is obviously important to you. If you pay a

### The Real Cost of Money

Here's the way different types of loan are usually handled, along with the range of interest rates that are generally charged for them:

Type of Loan	Nominal Annual Interest	Real Annual Interest	Discounted In Advance
Commercial bank loan	*******	5-6 %	No
Personal bank loan	33/4-6 %	71/2-12	Yes
Auto finance company loan	n 6-13	12-26	Yes
Home mortgage loan	-	51/4-61/4	No
Home improvement loan	5-6	10-12	Yes
Life insurance loan	_	4-5	No
Stockbrokers' loan	_	41/2-53/4	No
Credit checking account	_	12*	No
Charge account credit	_	12-up	No
Personal finance company	_	18-42°	No

These rates are generally quoted on a monthly basis. The figures shown are the annual equivalents.

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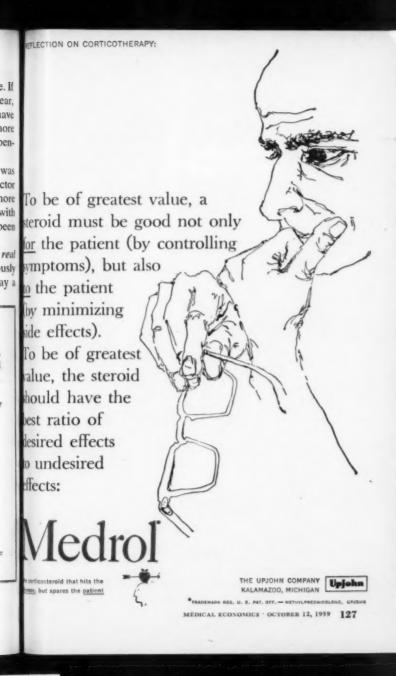
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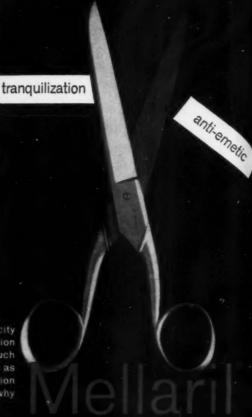
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NOW SAFER EFFECTIVE TRANQUILIZER THE



greater specificity
of tranquilizing action
—divorced from such
"diffuse" effects as
anti-emetic action
—explains why

IORIDAZINE HCI

is virtually free of such toxic effects : jaundice, Parkinsonism, blood dyscr**a**s

"Thioridazine [MELLARIL] is as effective as the best available phenothia but with appreciably less toxic effects than those demonstrated with phenothiazines. . . This drug appears to represent a major addition to safe and effective treatment of a wide range of psychological disturbine daily in the clinics or by the general practitioner. \*\*

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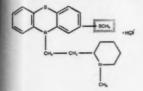
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### for specificity of tranquilizing action results in fewer side effects



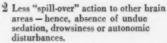
The presence of a thiomethyl radical (S-CH<sub>4</sub>) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:

### MELLARIL



1 A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.

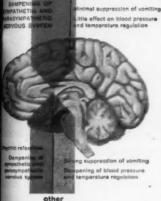




3 A notable absence of extrapyramidal stimulation.

4 Lack of impairment of patient's normal drive and energy.

D Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.



phenothiazine-type

tranquilizers

**Usual Starting Total Daily** Indication **Dosage Range** Dose ULTS: Mental and Emotional Disturbances: MILD - where anxiety, apprehension and tension 10 mg. t. i. d. 20-60 mg. are present MODERATE - where agitation exists in psychoneuroses, 50-200 mg. alcoholism, intractable pain, senility, etc. 25 mg. t. l. d. SEVERE - in agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.: 100 mg. t. i. d. 200-400 mg. **Ambulatory** Hospitalized 100 mg. t. i. d. 200-800 mg. ILDREN: BEHAVIOR PROBLEMS IN CHILDREN 20-40 mg. 10 mg. t. i. d.

aril Tablets, 10 mg., 25 mg., 100 mg.

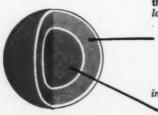
A.M.: Scientific Exhibit, American Academy al Practice, San Francisco, April 6-9, 1959.





# the complaint: "nervous indigestion

the diagnosis: any one of several nonspecific gastrointestinal disc requiring relief of symptoms by sedative-antispasmodic action concomitant digestive enzyme therapy. the prescription: a new for lation, incorporating in a single tablet the actions of Donnatal Entozyme, the dosage: two tablets three times a day, or as indicated and the same a



the formula: in the gastric-soluble layer:

> Hyoscyamine sulfate ......0.051 Atropine sulfate ......0.09 Hyoscine hydrobromide .....0.003 Phenobarbital (1/a gr.) ...... Pepsin, N. F. .....

in the enteric-coated core:

Pancreatin, N.F. Bile salts .....

A. H. ROBINS COMPANY, INCORPORATED . RICHMOND 20, VIR

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loan off in installments, with interest calculated on the basis of the original amount, the quoted rate is nominal. As a rough rule of thumb, you can assume it's only about half the real rate of interest you pay.

As a matter of custom, some types of loan are quoted in real rates, some in nominal rates. Personal bank loans are normally figured on the original balance and discounted; hence they're nominal. Short-term business loans, on the other hand, normally aren't discounted in advance; so the rate is likely to be real.

If you understand this distinction, you can save a lot of money. For example:

### '6%' = 12%

for Last year, a North Carolina doctor took out a \$900 personal line bank loan to furnish his office. The nominal interest rate was 6 per cent. The \$54 in interest (6 per cent of \$900) was discounted in advance, leaving him only \$846 to work with. Since he paid off the loan in twelve monthly installments, his average debt was only about \$423. And on a \$423 average debt, \$54 in interest comes to more than 12 per cent a year!

What could the doctor have done? If his relations with the bank were good, he might have got a short-term 6 per cent business loan for thirty or sixty days. He could then have renewed the note periodically for successively smaller amounts.

Thus, he'd have been paying interest only on the declining unpaid balance; and the total cost of his loan would have come to only half as much. What's more, he'd have had the use of the full \$900 at the outset.

### The 'Add-on' Loan

As a second choice, he could have tried to get what's known



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ny ot only curbs the desire nibble, but also vercomes the emotional tresses of dieting

Dexamyl' Spansule\* sustained release capsules control appetite all day long with a single oral dose—between meals as well as at mealimes. Equally important, 'Dexamyl' provides a positive mood improvement that overcomes the stresses, tensions and anxiety usually associated with dietary regimens.

Should your patient be particularly listless and lethargic, Dexedrine Spansule' capsules will curb appetite all day long and also provide a small estimulation that encourages optimism and energy.

SMITH KLINE & FRENCH LABORATORIES

ILM. Reg. U.S. Pat. Off. ILM. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F. as an "add-on" loan. Here the debt is paid back in installments, and interest is based on the original amount. But the interest is added on to the amount that must be repaid, not deducted in advance, as in a discount loan. So he'd have had the use of the full \$900 for the same \$54 interest payment.

Better be sure you understand the difference between interest charges that are discounted and those that are added on. The former don't give you as good a break.

Watch out, too, for interest rates that are quoted as a *monthly* per cent of the unpaid balance. An interest charge of 1 per cent a month doesn't sound bad. But as a matter of simple arithmetic, 1 per cent a month equals 12 per cent a year.

For a quick guide through the maze of real and nominal rates, check the table on page 126. It lists the most common types of loan. And it gives the going rates and lending practices for each.

### Flat Dollar Charges

When you borrow money or buy on time, the interest often isn't even stated as a percentage. It's a flat dollar amount labeled "carrying charges," "time charges," or "service charges." Sometimes, instead, an interest rate is quoted, but a "service" charge is added on.

Legally, such charges are not interest. But as far as you're concerned, they're all part of the price you pay for using other people's money.

### If No Rate Is Quoted

How do you figure out the actual rate you're paying for any such loan? There's an easy formula. Stated as an algebraic equation, it looks like this:

$$R = \frac{2NT}{P(n+1)}$$

Though it may look forbidding, here's all the above formula boils down to:

R is the real annual interest rate.

N is the number of payment periods in a year, regardless of the full amount of time it takes you to repay the loan. If you pay the loan back monthly—whether in six months or six years—N is 12. If you pay weekly, N is 52.

T is the total dollar amount you're charged for the loan.

P is the total amount of money advanced to you.

Small n is the number of pay-

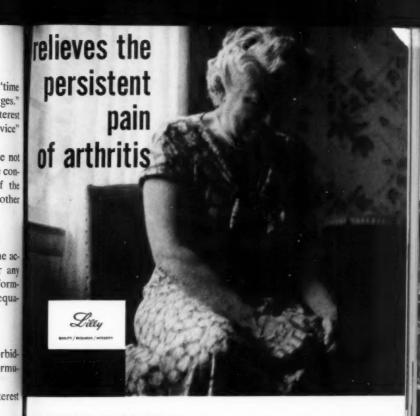
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### DARVON® COMPOUND, potent · safe · well tolerated

Usual dosage: 1 or 2 Pulvules® three or four times daily.

Each Pulvule Darvon Compound provides:

Darvon<sup>®</sup> . . . . . . . . . . . . . . . . 32 mg. (approx. 1/2 gr.) (dextro propoxyphene hydrochloride, Lilly)

Acetophenetidin . . . . 162 mg. (2 1/2 grs.)

Caffeine . . . . . . . . . . . . . . . 32.4 mg. (1/2 gr.)

Also available: Darvon, in Pulvules of 32 and 65 mg.

Danion® Compound (dextro propoxyphene and acetylsalicytic acid compound, Lilly)

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# ILOSONE" WORKS

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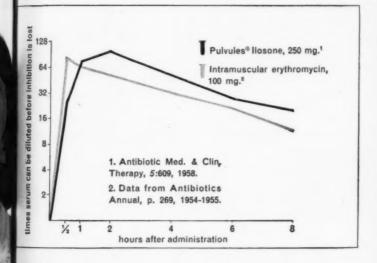
effectiveness ...





# .. to assure you a decisive response in common bacterial infections

Parenteral Potency The graph below shows that Ilosone prorides antibacterial levels in the serum which are at least as effective s those obtained with intramuscular therapy.



Parenteral Certainty In more than a thousand determinations in hundreds of patients studied—Ilosone has never failed to wide significant antibacterial levels in the serum.

he usual dosage is 250 mg. every six hours, but doses of 500 mg. on the may be administered safely in more severe infections. For optimum effect, administer on an empty stomach.

LILILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

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ments you must make on the loan.

Now, to show the equation at work, let's suppose you want to finance your son's college tuition for a year. If you pay cash, the bill will come to \$1,000. Under a tuition loan plan, you can pay it off in eight monthly installments for an extra charge of "only 4 per cent."

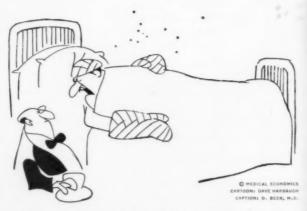
What's the real rate of interest on this loan?

N, the number of payment periods, is 12. T, the total charge for the loan, is \$40 (4 per cent of \$1,000). P, the amount advanced to you, is \$1,000. And n, the number of repayments, is 8.

Thus, by means of the equation, you'll find that R, your real annual interest rate, comes to a little less than 11 per cent.

Seem high? If you ever buy anything on the installment plan, you almost certainly pay at a much higher rate. For example, take the revolving credit plan that's become so popular in recent years.

Under this plan, a store gives you an open line of credit to buy and charge up to a stipulated amount. There's no interest charge if you pay a given bill in a month; but there is if you pay in installments. The interest rate: generally 1.5 per cent a month



'I know the Ritz is cheaper. But they don't pipe oxygen through the walk!

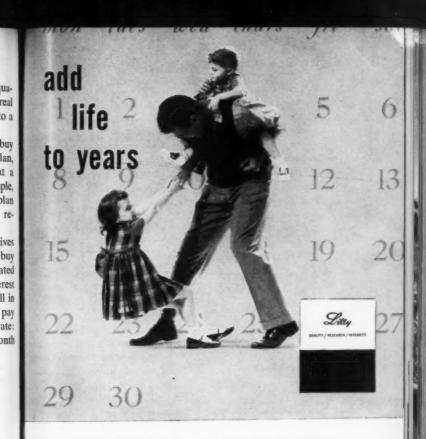
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138 MEDICAL ECONOMICS · OCTOBER 12, 1959

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# MI-CEBRIN®... broad vitamin-mineral support to help maintain tissue integrity

"Mere duration of life is not enough," stresses Spies; "... we must devise methods which make old age wait." These, he says, are chiefly dependent on nutrition and the metabolic state. Although nutrition is a problem that involves all essential nutrients, vitamins and minerals play a vital role in the production and maintenance of healthy tissues.

Mi-Cebrin supplies 11 vitamins and 10 minerals in an attractive, easy-totake tablet. Just one tablet a day will prevent practically all known vitaminmineral deficiencies. Prescribe Mi-Cebrin as a part of your total effort to

extend the prime of life of your adult patients.

M-Cebrin® (vitamin-mineral supplements, Lilly)

L Spies, T. D.: The Influence of Nutritional Processes on Aging, South. M. J., 50:216, 1957.

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

walls'

on the unpaid balance—or 18 per cent a year.

Today, many banks also sponsor installment credit plans. Under such arrangements, you can make purchases at a number of different stores and receive a single bill from the bank covering all of them. Some banks charge 1 per cent a month, others 1.5 per cent, if you pay the bill in installments.

High as those rates may seem, they're just about the lowest you can get if you buy on time. (It's no secret that some stores that sell on time make more in interest than they do in profit on their merchandise.)

### Rules for Borrowing

In view of all the above, keep the following facts in mind whenever you consider borrowing money:

- 1. Since credit is expensive, it should be used sparingly. There's little point in borrowing at 12 per cent if you have liquid funds drawing only, say, 3 or 4 per cent in your bank account. It'll cost you a lot less to raid the bank account.
- 2. Nominal and monthly rates of interest can be extremely misleading. A "1½ per cent"

charge-account debt is more expensive than a "4 per cent" personal loan. A "4 per cent" personal loan is more expensive than a 6 per cent mortgage. The charge account is a real 18 per cent a year; the personal loan is a real 8 per cent; the mortgage is a real 6 per cent.

### **Shop Around First**

- 3. There are many sources of money open to you. The same bank that will open up a credit checking account for you at a real rate of 12 per cent a year may gladly give you a personal loan at a real 8 per cent—or a business loan at a real 6 per cent. So don't hesitate to shop for the best possible deal.
- 4. The most convenient forms of credit are often the most expensive. For instance, it's easiest to finance a car, appliances, or furnishings at the dealer's. But it's generally cheaper to arrange a bank loan for the same purpose.
- 5. Your sharpest weapon against excessive interest charges is a sharp pencil. So be sure you do your own arithmetic in figuring out costs. In interest rates, as in medicine, things aren't always what they seem.

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# °syrup HISTADYL™ E.C.... effective, pleasantly flavored antitussive

Histadyl E.C. is a logical combination to quell uncomplicated, nonproductive, hacking cough:

Action Desired	Active Ingredient (per teaspoonful)	
antitussive	Codeine Phosphate 1/6 gr.	
antihistamine	Thenylpyramine Fumarate 1/5 gr.	
expectorant	Ammonium Chloride 1 2/3 grs.	
bronchodilator	Ephedrine Hydrochloride 1/12 gr.	

°Federal record of sale required.

Histadyl™ E.C. (thenylpyramine compound E.C., Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

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### OFFICE MANAGEMENT MEMO

### From Donald Land

Staff member in the professional management firm of PM-Detroit.



### How to Bill Insured Patients

When a patient has medical or surgical insurance coverage, many doctors seem reluctant to send him a bill until the insurance company has made its settlement. That's bad because the patient may be paid direct, and he may fail to notify your office that he's got the money. Or the policy may not cover the particular service you rendered.

How can you guard against collection losses in such cases? Send your statement to the patient promptly—on the day you'd send it if no insurance were involved. Use a rubber stamp to imprint the following:

"This statement includes our total charges. Payments we receive from your insurance will be credited to your account. Overpayments are refunded."

It's far easier to write a few refund checks than to collect an overdue bill months after the service has been rendered. Refund checks have public relations value, too. They say in effect: "Here's one M.D. who doesn't want more than his fair fee."

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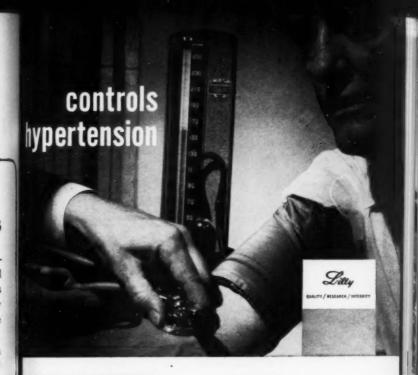
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Each table Sandril . Pyronil

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### MNDRIL® C PYRONIL® adds antihistamine to reserpine therapy

Although the nasal stuffiness commonly caused by reserpine preparations is seldom serious, it may be bothersome enough to induce patients to cease therapy.

Clinical experience<sup>1,2</sup> has revealed that the antihistamine, Pyronil, revides relief for approximately 75 percent of patients who experience his side-effect. Therefore, Sandril ē Pyronil offers you better patient entrol by providing greater freedom from nasal congestion.

Each tablet combines:

andril . . . . . . . . . . . 0.25 mg.

Pyronil . . . . . . . . . . . 7.5 mg.

Unal Dosage: 1 tablet b.i.d.

Sandril® (reserpine, Lilly)

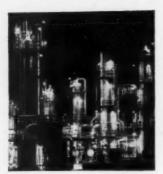
Also: Sandril, as tablets of 0.1, 0.25, and 1 mg., and elixir, 0.25 mg. per 5-cc. teaspoonful.

1. Geriatrics, 12:185, 1957.

2. J. Indiana M.A., 48:603, 1955.

Pyronil® (pyrrobutamine, Lilly)

LI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.



### WHY YOU SHOULD OWN AT LEAST ONE GOOD CHEMICAL STOCK

Modern alchemy can really change your silver to gold, says this writer. Here's why the chemical

By Ralph J. Seymour

industry seems bound to grow and grow and grow

A sk any investment adviser to name his favorite growth stocks, and chances are strong that chemicals will be high on the list. Ask him why, and you'll hear a story of exciting new products, rapidly rising sales, soaring profits, and big gains in share prices.

This is about as glowing a tribute as can be paid to any industry. Chemicals deserve it; they warrant your confidence. Their past performance has been spectacular. And their future seems just as bright, for the following two reasons:

- 1. The chemical companies are modern alchemists. By processes that appear close to magic, they transform common substances into the materials that are vital to all industries: dyes solvents, drugs, plastics, yarms acids, alkalis, etc. In addition they produce thousands of marvelous end-products for consumers.
- 2. They have huge research programs. Each year, the chem-

THE AUTHOR is a Washington, D.C., economist and investment consultant.

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### TUINAL® blends the benefits of two leading barbiturates

There are equal parts of quick-acting Seconal® Sodium and moderately long-acting Amytal® Sodium in each Pulvule® Tuinal. This provides your obstetric patient quick, sustained amnesia; your surgical patient relief from apprehension and fear.

Available in three convenient strengths—3/4, 1 1/2, and 3-grain Pulvules.

Tuinal® (amobarbital sodium and secobarbital sodium, Lilly)
Seconal® Sodium (secobarbital sodium, Lilly)
Amytal® Sodium (amobarbital sodium, Lilly)

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ical industry spends enormous sums to develop new products. Some of these products expand existing markets. Others create new ones. Still others invade the domain of long-established industries, displacing wood, metal, glass, and natural fibers.

So when you invest in a chemical concern, you can generally anticipate two kinds of growth. Your company should grow step by step along with the rest of American industry. But it should also grow a lot more, as chemicals' relative importance in the economy expands. One industry executive proudly sums up his company's role in just a few words: "We're basic, ubiquitous, and dynamic."

To see just how dynamic the industry is, consider the growth of its production over the last twenty years: While total U.S. production was increasing at an

### TWELVE OUTSTANDING CHEMICAL COMPANIES

There are hundreds of chemical companies, large and small, that seem likely to reward investors handsomely in the years ahead. But here's a selection of some of the industry's leaders-companies with huge research programs, good-selling products, and tested management:

	1958 Earnings Per Share	1958 Dividends Per Share	1959 Price Range	Recent Price
Air Reduction	\$3.47	\$2.50	773/4 - 911/2	80
Allied Chemical & Dye	3.41	3.00	92 -132	113
American Cyanamid	1.91	1.60	465/8- 651/4	58
Diamond Alkali	2.32	1.80	46 - 633/4	58
Dow Chemical	1.78	1.20	741/4 - 925/8	84
DuPont	7.25	6.00	2021/2-2783/4	255
Hercules Powder	2.04	1.10	50 - 721/8	62
Hooker Chemical	1.43	1.00	35 - 47%	39
Monsanto Chemical	1.93	1.00	383/4 - 563/4	50
Rohm and Haas	13.05	1.96*	4811/2-701	684
Stauffer Chemical	2.01	1.40	52% - 71	53
Union Carbide & Carbon	4.15	3.60	1201/2-1501/2	137
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Homice



### HOMICEBRIN®... homogenized multiple vitamins, taste-tested for "tot-appeal"

Willful youngsters are often quite particular about their personal vitamin supplement. However, even the most fastidious of them welcome pleasanttasting Homicebrin into their daily routine.

This boon to harried parents is also reassuring to the physician. Homicebrin supplies eight essential vitamins, potency-protected by homogenization and careful buffering. To be certain your "tot-age" patients take and receive their full vitamin requirements, specify Homicebrin.

Homicebrin® (homogenized multiple vitamins, Lilly)

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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average rate of 3 per cent a year, output of chemicals has increased by a whopping annual 10 per cent. And some segments of the industry have grown even faster. For example, plastics production has expanded at a rate of 15 to 20 per cent a year-quadrupling in the past decade.

Sales have skyrocketed, too. From an industry total of less than \$5 billion just before World War II, they reached \$13 billion annually in the mid-Forties. This year, sales are expected to exceed \$25 billion!

### 'Big Ones Get Bigger'

Not every chemical house has turned into a skyscraper, of course. Though hundreds of new companies have sprung up in the past twenty years, the bulk of the growth has been accounted for by the industry's time-honored leaders. DuPont is now three times as big as it was right after the war; its assets exceed \$2.5 billion. Dow is six times as large as it was. "Chemical companies are a classic case of the big ones getting bigger," is the way one Wall Streeter puts it.

There's a reason for this. Most of the industry's extraordinary growth is a result of research.

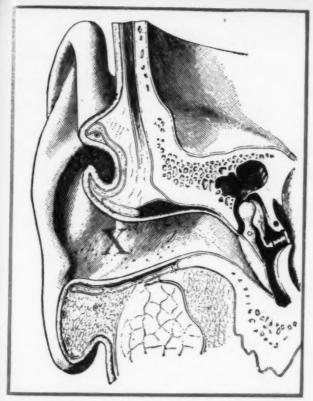
And the biggest companies have the most money to spend on developing new products.

But even the little fellows spend a lot, relatively, on research. All told, the chemical industry budgets 3 per cent of sales for the development of new products, as compared with 1 per cent for business as a whole. The industry employs 14 per cent of all the scientists in the U.S .a much greater percentage than any other industry. And more than 20 per cent of the patents issued these days cover new chemical products or processes. This year, outlays for chemical research will come to roughly \$700,000,000.

### **Look How Nylon Paid Off**

That's a tremendous outlay. But the pay-offs justify it. As you've probably heard, DuPont spent \$27,000,000 to develop nylon, which now racks up sales that are several times that much in a single year. Another \$80,-000,000 was invested before the first yard of Dacron came from the looms. And now-well, you know about Dacron.

The president of Union Carbide, second biggest concern in the industry, estimates that a



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### NOW

...a new way
to relieve pain
and stiffness
in muscles
and joints

INDICATED IN:

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LOW BACK PAIN

DISC SYNDROME

SPRAINED BACK

"TIGHT NECK"



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Lite

- Exhibits unusual analgesic properties, different from those
  of any other drug Specific and superior in relief of somatic pain
- Modifies central perception of pain without abolishing natural defense reflexes Relaxes abnormal tension of skeletal muscle



- more specific than salicylates less drastic than steroids
- m more effective than muscle relaxants

N-isopropyl-2-methyl-2-propyl-1, 3-propanediol dicarbamate

soma has an unique analgesic action. It apparently modifies central pain perception without abolishing peripheral pain reflexes. Soma is particularly effective in relieving joint pain. Patients say that they feel better and sleep better with Soma than with any previously used analgesic, sedative or relaxant drug.

SOMA also relaxes muscle hypertonia, with its stresses on related joints, ligaments and skeletal structures.

ACTS FAST. Pain-relieving and relaxant effects start in 30 minutes and last 6 hours.

NOTABLY SAFE. Toxicity of SOMA is extremely low. No effects on liver, endocrine system, blood pressure, blood picture or urine have been reported. Some patients may become sleepy on high dosage.

EASY TO USE. Usual adult dose is one 350 mg. tablet 3 times daily and at bedtime.

SUPPLIED: Bottles of 50 white sugar-coated 350 mg. tablets. Literature and samples on request.



WALLACE LABORATORIES, NEW BRUNSWICK, N. J.

AIN

third of his company's sales and half its net income—derive from products and processes totally unknown fifteen years ago. For the past quarter-century, Union Carbide's laboratories have turned out an average of one new product a month. In the last two years, the rate has been doubled.

So the chemical companies seem never to stop for breath. They're constantly doing research; and they're swift to apply its fruits. In recent years, they've built thousands of new, specially designed plants to make the new products. In fact, the industry has spent over \$15 billion on new plants and equipment since World War II—more than any other sector of manufacturing.

### They Were Overoptimistic

This rush to expand did result in the industry's first real set-back in two decades, a couple of years ago. Optimism about the future led many managements to overbuild. So when the recession cut demand in the second half of 1957, some plants had to cut their operations to as little as 65 per cent of capacity. "That's an unprofitable rate for

costly plants that must meet heavy amortization charges and the interest on borrowed money," notes one chemical company treasurer.

Things were pretty bad for a while. Competition within the industry kept prices of chemical products down. Besides, there was growing competition from outside the industry. Oil, rubber, and paper companies—heavy consumers of chemicals themselves—were diversifying into the chemicals field. And resurgent West Europe, often through subsidiaries owned jointly with American firms, began grabbing some of the American markets overseas.

### The Competition Hurt

Between mid-1957 and the spring of 1958, the chemical industry's sales fell nearly 15 per cent. Profits fell nearly twice as much. In some cases, the slump was so bad that the companies were doing less than half their former business.

All this had its effect on common stock. Since World War II, prices of representative chemical shares had marched fairly steadily upward. By 1956, they were at more than four times the 1947

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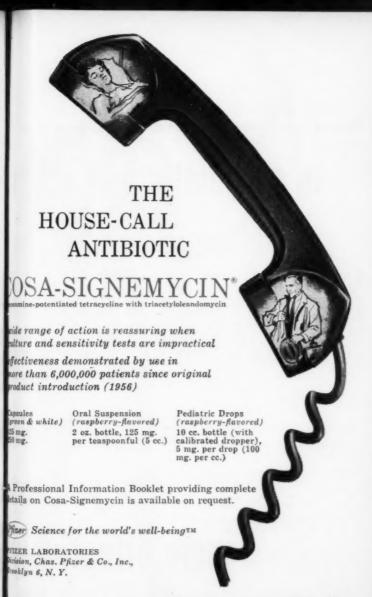
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Division, Brooklyn



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because many diseases involve emotional and physical stress...

in <u>asthmatic</u> and other allergic conditions

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DECADRON® dexamethasone with Meprobamate

treats <u>more of</u> the patient <u>more</u> effectively





DECABAMATE links the action of DECADRON®, the most potent and effective of the antiallergic steroids, with the most widely accepted and well tolerated of the muscle-relaxant tranquilizers, meprobamate . . . By treating more of the patient more effectively, DECABAMATE can often make the difference between disability and employability in many asthmatic and other allergic conditions.

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194 P capa inves ical : in di alea ing t issue their A dustr starte It no prove level. (Stocks generally were worth only three times their 1947 value.)

Prompted by fears of overcapacity and declining profits, investors began avoiding chemical stocks. "They shunned them in droves," recalls a member of aleading brokerage house. "During the 1957-58 recession, some issues lost more than a third of their postwar increases."

A year ago, however, the industry turned the corner and started on the road to recovery. It now seems clear that the improvement is a healthy one, and

that it's likely to carry far. Indeed, the industry appears to have learned some hard lessons. Hereafter, it plans to take its growth in digestible doses. Here's what brought on the eventual upsurge:

Inventories of chemicals held by manufacturers had been worked down from \$2.30 worth for every \$1 of monthly sales to \$1.80.

Demand for chemicals increased with rising business. What seemed for a while like too much plant is now just comfortable capacity. Some companies

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### for relieving tension and curbing hypermotility and excessive secretion in G. I. disorders

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meprobamate (400 mg. or 200 mg.)—a tranquilizer and muscle-relaxant widely accepted for the effective management of tension and anxiety

PATHILON (25 mg.)—an anticholinergic long noted for producing prompt symptomatic relief through peripheral, atropine-like action, yet with few side effects

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200 mg, meprobamate . 25 mg. PATHILON

for more flexible control of G. I. trauma and tension smooth, sugar-coated, easy-to-swallow

PATHIBAMATE-400 and PATHIBAMATE-200 are indicated for duodenal ulcer; gastric ulcer; intestinal colic; spastic and irritable colon; ileitis; esophageal spasm; anxiety neurosis with gastrointestinal symptoms and gastric hypermotility.

Supplied: PATHIBAMATE-400 - Each tablet (yellow, 1/2-scored) contains meprobamate, 400 mg.; PATHILON tridihexethyl chloride, 25 mg.

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PATHIBAMATE - 200 — 1 or 2 tablets three times a day at mealtime and 2 tablets at bedtime.

Adjust dosage to patient response.

Contraindications: glaucoma; pyloric obstruction, and obstruction of the urinary bladder neck.

(Feboria)

MERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

### CHEMICAL STOCKS

are once again finding they don't have enough capacity.

*Prices* improved somewhat with the increased demand.

Start-up expenses of new plants, which had been heavy, were paid off by many firms.

Costs were cut, under the recession pressure. (Many of the economies are expected to be permanent.)

New markets for plastics and other chemical products opened up, partly because once-standard materials priced themselves out of the market.

Recent profits of the chemical companies have reflected this improvement. Between the second quarter of 1958 and the second quarter of this year, earnings rose 83 per cent. Dividends have yet to reflect this price rise; they're up only 6 per cent. But you can expect them to go way up at the end of the year. Meanwhile, chemical stock prices have rebounded, of course. By last summer, they were up 44 per cent on the index of the Securities and Exchange Commission.

Does this mean that chemical shares are now overpriced? Not for the long pull, according to most investment counselors. They point out that chemical stocks have consistently yielded less than most other groups of



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### ...a single approach



VIA TISSUE Cosa-Terramycin provides high, prompt tissue levels of a clinically proven broad-spectrum antibiotic.

VIA URINE Sulfamethizole provides fast-acting, dependable chemotherapy for urine sterilization.

plus phenylazo-diamino-pyridine for swift local analgesia and relief of urinary symptoms.

in each capsule: Cosa-Terramycin® (oxytetracycline with glucosamine) 125 mg.; sulfamethizole 250 mg.; phenylazo-diamino-pyridine HCl 50 mg.

dosage: 1 to 2 capsules 4 times daily.

A Professional Information Booklet containing complete details on Urobiotic is available on request.

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### SINGLE DRUG CONTROL OF SIMPLE EDEMA

DIAMOX mobilizes excess tissue fluids through simple but dynamic bicarbonate-transport regulation. Inhibiting the enzymatic action of carbonic anhydrase, DIAMOX blocks renal reabsorption of bicarbonate, sodium and water and reroutes them into excretory channels.

In most simple edema, one DIAMOX daily produces ample diuresis...nontoxic and nonirritating to renal or gastric areas; no notable changes in blood pressure or electrolyte balance. Because DIAMOX is rapidly excreted, dosage is easily adjusted and does not interfere with sleep.

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# DIAMOX

the HCO3 regulating diuretic



### DOUBLE DRUG CONTROL FOR INTENSIVE DIURESIS

Alternating DIAMOX with chloride-transport regulating diuretics achieves more dynamic diuresis than with either alone. By counterbalancing the tendency of these agents to produce systemic alkalosis, DIAMOX helps potentiate the diuretic effect, lessen risk of acquired tolerance and prolong intensive diuresis.

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### ALSO EXCEPTIONALLY VALUABLE IN GLAUCOMA AND EPILEPSY

Although mode of action has not been exactly defined in either instance, clinical experience has repeatedly proved DIAMOX a well tolerated, efficient means of reducing intraocular pressure in glaucoma and controlling seizures in both young and adult epileptics.

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### With Your Help, THE MENTALLY ILL CAN COME BACK



Give them the chance you'd want for yourself: a job, a home, a place in the community.



### CHEMICAL STOCKS

commons. But they've tended to outperform the market where price is concerned.

Paradoxical? Not when you stop to consider that the companies plow so much of their profits back into research and new plants. Eventually, this expansion of the earnings base results in greater earnings and greater dividends—but with a lag in time following the resultant rise in share prices.

### **Bigger Profits Ahead**

These days, the heavy depreciation deductions taken on new plant reduce the profit figures that appear on the accountants' earnings statements. But these write-offs give you some idea of the earnings that lie ahead after the plants are paid for.

"At today's prices, almost any of the leading chemical stocks will probably look dirt cheap five or ten years from now," says one highly regarded securities analyst.

So if you want current income, you may as well look elsewhere. But if you're out for large appreciation over a relatively few years, you should have at least one good chemical stock in your portfolio. No ifs or maybes about it. The chemicals look good.



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A tiny tablet of REDISOL to stimulate the appetite—to help in the intake of food for growth.

REDISOL is crystalline vitamin B<sub>12</sub>, an essential vitamin for growth and the fundamental metabolic processes.

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Thinking of partnership? Better think twice about

### The Restrictive Covenant

BY HORACE COTTON

I thas happened—not often, mind you, but it has happened—that a former assistant or junior partner has opened a new solo office across the street from his one-time senior associate. In so doing, he may well have walked off with a good chunk of the older man's practice.

That's why older doctors often insist on including restrictive covenants in their partnership contracts with younger men. Such covenants commonly provide that if the partnership

breaks up, the junior man may not open a new office within a radius of a given number of miles.

Sounds like a practical idea, doesn't it? And I haven't read many arguments against it. But as a management man, I think restrictive covenants are a much-overrated form of professional insurance. What's more, I believe they're immoral, because they try to restrain a professional man from practicing his profession in the locale of his choice.

Are you in partnership prac-

THE AUTHOR recently became development counsel to Black & Skaggs Associates, Inc., of Battle Creek, Mich., parent organization of the PM group of professional management firms.

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". . . which antacid? Rorer's Maalox. Excellent results, no constipation plus a pleasant taste that patients like."

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TABLET MAALOX: 0.4 Gram (equivalent to one teaspoonful), Bottles of 160.

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Henry's wife doesn't like dandruff. Get the picture? • And she's got all the answers (just ask Henry)... this latest is on the very best advice of her sister, whose neighbor happens to be the brother of the grocer—etc. Too bad she doesn't take Henry's dandruff to the doctor. • But she's like most folks, never thinks of dandruff as a medical problem. You can help folks like these—tell them about dandruff and prescribe Selsun. • The Henrys of this world will thank you.

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the mer ing The The Fre stric cluc you Cle non I erts shy. take as a had a ye tice or even considering it? And do you feel the need for some such covenant? If so, I'd like to recommend a substitute clause that has appealed to many of my doctor-clients. To show why, let me tell you about two G.P.s who recently asked me to sit in on their discussion of an arrangement for forming a partnership after a trial period during which the younger doctor would be employed as an assistant.

### They Hit a Snag

Let's ring up the curtain in the middle of the act, at a moment when both men were frowning almost angrily at each other. The cause of their antagonism: The older man, whom I'll call Fred Roberts, insisted that a restrictive covenant clause be included in the contract; and the younger doctor—I'll call him Clem Drysdale—would have none of it.

I knew what was in Dr. Roberts' mind: Once bitten, twice shy. A few years before, he had taken on a certain Dr. Simpson as an assistant. A partnership had been intended at the end of a year, but things hadn't jelled. The two men rocked along—unsteadily—for the agreed twelve

months of young Dr. Simpson's employment. Then Simpson took his final pay check and rented an office across the street.

He took more than the check, of course. He also took some of Dr. Roberts' patients.

And now, recollecting that earlier experience, Fred Roberts was saying, "Never again!" He was laying down the law, so to speak, to young Clem Drysdale, who'd been born only a five-iron shot away from the office we were meeting in, whose academic record was fine, whose references were dazzling, and who was determined to practice in his home town, no matter what.

Said the older man: "Clem, I think I'm being reasonable in



### over a cup of coffee ...

INTERN: I've been wondering why you prescribed AZOTREX for the cystitis case. Are all three agents — tetracycline, sulfa and azo dye — really necessary?



ATTENDING MAN: Well, whenever I treat a urinary infection, I have three things in mind. First, I want to relieve pain, frequency and urgency as soon as I possibly can. Next, I want to eliminate the bacteria in the urine and easily accessible pathogens in the nucosa. Finally, I'd like to clear up the deeper foci of infection and thus help prevent recurrence. With AZOTREX, I have a good chance of accomplishing all three.

INTERN: I can go along with AZOTRER as far as relief of symptoms is concerned. The azo dye is a good urinary analgesic, so I agree with you on the relief of pain. Also I know that some patients get reassurance from the change in color of the urine.

But, why treat the infection with both teracycline and sulfamethizole? Combination antibacterial therapy has come under some editorial fire recently. You know — no spaergistic or additive effect in most case. Generally, we're supposed to use the single antibiotic or sulfa which the "bugs" are most sensitive to.



ATTENDING MAN: I agree wholehearedly. That's why I sent a specimen to the lab for culture and sensitivity. But right now we don't know the organisms involved, and it's going to be 2 or 3 days before we get the lab report.

When I have to work in the dark, I want a broad antibacterial coverage as possible. And, if this is a mixed infection—and thee are fairly common—our chances are likely to be better with a combination like AZOTES. Tetracycline and sulfamethizole are effective against many strains of staph, strep, protess and pneumococci. Rhoads recommends this type of combination therapy for Pseudomonas, A. aerogenes, B. Jaecalis and E. coli. So I figure AZOTREX is a good way to staff. Should the sensitivity tests indicate that another antibacterial agent is preferable, we'll switch to that.

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INTERN: O. K., I'll look it up. In the meantime I'll try to keep an open mind.



ATTENDING MAN: We are both aware hat a foreign body or obstruction will cause esistence of the infection and should be tacked directly. However, infection may essist or recur even in their absence.

as has suggested that this may be due inadequate drug levels in tissues with a or blood supply. Such circumstances may munt for the reappearance, even after pparent sterilization of the urine, of the riginal organism with the same antibiotic mitivity. Also, inadequate local tissue conmtrations might fail to kill all bacteria and purage the emergence of resistant strains. h Kass' view, high blood levels of drug are ecessary to permit penetration of sufficient nounts to be of therapeutic value.

Tetracycline - especially in its phosphate im - is rapidly absorbed from the G. I. tatt and produces high blood and tissue leels. According to Mason, sulfamethizole is me of the most soluble sulfonamides; this means high urinary antibacterial concentraions without crystalluria. I'd suggest you ook this up in the U.S. Dispensatory and in N. N. D.

ATTENDING MAN: So far, we've talked only about "bugs and drugs". Let's not forget we're dealing with a sick person who will have to take medicine for a long time. It's a lot easier and more convenient to take one capsule instead of three. Now, how about another cup of coffee?

Each AZOTREX CAPSULE contains: TETREX®\* (tetracycline phosphate complex equivalent to tetracycline HCl activity), 125 mg.; Sulfamethizole, 250 mg.; Phenylazo -diamino-pyridine HC1, 50 mg.

Minimum Adult Dose: One capsule q.i.d. Supplied: Bottles of 24 and 100 capsules.

♥U.S. PAT. NO. 2,791,609

Rigerences: Rhoads, P. S.: Postgrad. Med. 21:563 (June) 1957; Kass, E. H.: Im. J. Med. 18:764 (May) 1955; Mason, T. J. in Conn, H. F.: Current Dreapy – 1959, W. B. Saunders, Philadelphia, p. 342; Osol, A. and Israr, G. E., Jr., Eds.: The Dispensatory of the United States of America Sthe deliton, Philadelphia, J. B. Lippincott Co., 1955, p. 1881; New M. Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Co., p. 60.



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asking that you leave town if things don't work out. My lawyer has drafted this agreement under which, if our partnership doesn't mature, you promise to stay at least twenty-five miles away from here for at least five years. And he says restrictive covenants like this are both reasonable and valid."

Answered the younger man: "Maybe so. But I can't go along with you. I was born here, and I want to live here."

### **Breaking the Stalemate**

At which point, both doctors looked at me. I'm no lawyer. I'm a management man. As I see it, my job is to find out what doctors really want, and sometimes to help them understand what they ought to want—and why. I'm sure they ought never to want every pettifogging advantage they can squeeze out of the statute book. So I spoke up:

"Neither of you really wants this clause the way Mr. Beadle has drafted it, do you? Seems to me that what Dr. Roberts really wants is to avoid the possibility of another Simpson episode. And I suspect that Dr. Drysdale doesn't mind pledging himself not to do such a thing so long

as he doesn't have to promise to leave this town. Right?"

They looked at each other. Then both men nodded. I noticed that the frowns were lifting.

### Is It Enforceable?

"As a matter of fact," I went on, "restrictive covenants are sometimes hard to enforce. Did you know that, Dr. Roberts? For example, if a judge thinks a covenant is harsh, or if he happens to think that the locality can use both doctors anyway, he can put some obstacles in the way of enforcement. I know about one judge who said to the doctor who was asking him to make a covenant stick: 'Well now, Doctor, this other doctor signed a promise that he'd move elsewhere, and now he's broken the promise. Your covenant doesn't say what's to happen in this event. What do you want me to do?

"The doctor who felt he was the injured party said, 'Why, I want you to order him to move on somewhere else.' Then the judge said blandly, 'I'm not sure I can do that, Doctor. Can you prove to me that by practicing here he's damaging you in some way?'"

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Maminie "		25 mg
phenylpropanolamine HCl	12.5	mg.
pheniramine maleate	6.25	mg.
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mge; Adults - 2 tsp. 3 or 4 times a day; tildren 6 to 12 - 1 tsp. 3 or 4 times a day; dren under 6 - dosage in proportion.

### by decongesting the cough area while controlling the cough reflex

TRIAMINICOL provides more complete cough control than regular "cough syrups" because it contains Triaminic,1.2.3 the leading oral nasal decongestant. This decongests the mucous membranes of the respiratory tract, reducing swelling and sensitivity, and controlling irritating postnasal drip, a common cough stimulus.

TRIAMINICOL also acts directly on the cough reflex center. It provides the nonnarcotic antitussive, Dormethan, fully as effective as codeine but without the drawbacks of codeine.4 Liquefaction and expulsion of exudates is aided by the classic expectorant action of ammonium chloride.

References: 1. Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 3. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958. 4. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 547.

## Triaminicol

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Bendectin combines three complementary therapeutic actions: antispasmodic/antinauseant/pyridoxine supplementation to preventhis annoying discomfort.

Nulsen, R. O.: Ohio State Med. J. 55:665, 1957.
 Personal communications: 1956-57.
 Towne, J. E.: Internat. Rec. of Med. 171:584, 1968.

to control the weight problem in pregnancy TENUATE



THE WM. S. MERRELL COMPAN New York • Cincinnati • St. Thomas, Ontari

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Fred

of th

you into staye hadn you prov "I could have shown the judge that Simpson damaged me," Fred Roberts snapped.

"How?" I asked.

"I could have given him a list of the patients who switched to Simpson."

"Maybe," I said. "But could you have bet they'd come into court and swear they'd have stayed with you if Simpson hadn't enticed them away? When you allege damage, you have to prove it. Can you prove that your income dropped materially when Dr. Simpson left?"

"You know damn well it didn't," snorted Dr. Roberts. "My take-home went up when I didn't have to fork out his pay." Suddenly he grinned. "You're telling me that instead of being damaged, I was better off after he flew the coop than I had been before."

I smiled. "What I'm trying to say is simply this: If a man chooses to fight a restrictive cov-



"When he starts talking about a mosquito bite-watch out!"

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176 MEDICAL ECONOMICS · OCTOBER 12, 1959



### When there's a Pram in her future... she'll need **PRAMILETS** today

#### ALL THIS ...

ALL IIIIGIII	
Vitamin A (4000 units) 1.2	mg.
Vitamin D (400 units)	meg.
Thiamine Hydrochloride	mg.
Riboflavin 2	
Nicotinamide	
Ascorbic Acid	mg.
Pyridoxine HCl	mg.
Intrinsic Factor	-
Vitamin B <sub>12</sub>	-
(as cobalamin concentrate)	
Calcium Pantothenate	mg.
Folic Acid	mg.
Calcium Carbonate, U.S.P 625	mg.
Calcium	mg.
Ferrous Fumarate90	mg.
Iron	mg.
Magnesium (as oxide)	mg.
Manganese	mg.
(as glycerophosphate)	_
Potassium (as acetate) 0.835	mg.
Zinc (as oxide) 0.085	mg.
Molybdenum	mg.
(as ammonium molybdate)	
lodine (as calcium iodate) 0.1	
Copper (as chloride) 0.15	mg.

IN JUST A SINGLE TABLET!
(ANOTHER ABBOTT PILMTAB.)





PRAMILETS

COMPREHENSIVE VITAMIN-MINERAL SUPPORT WITH JUST 1 PILMTAB DAILY

Silitar

enant of the kind Mr. Beadle has drafted, he can put the enforcer to a hell of a lot of trouble and expense. And there's an even bigger flaw in this sort of covenant. To show what it is, let me read the agreement to you."

Here's the nub of what I read:
"Second party [Dr. Drysdale]
hereby covenants that in the
event no partnership is formed
at the end of the agreed period
of employment, he will not practice medicine or surgery within
a radius of twenty-five miles of
the city of Lincolnboro during
the five years next following the
date of termination of said period of employment."

#### A One-Sided Agreement

I put the paper aside. "Note," I said, "that the clause makes no provision for the possibility that Dr. Drysdale might be the injured party. It just orders him to hit the road if no partnership is formed. But what if you, Dr. Roberts, unjustly deny him a partnership? Frankly, I think Dr. Drysdale would be a fool to sign such a covenant."

"Well, you may be right," Dr. Roberts admitted. "What I want is just to protect myself against Clem's turning down my offer of a partnership and hanging out his shingle next door. If he leaves me high and dry after I've given him a flying start, I think I ought to be compensated. He could give me a hard time as a competitor."

"If that's all you have in mind, there must be a way out," said Clem Drysdale. "Can't we get Beadle to dream up some wording that'll fix it so that if I run out on you, I'll pay damages? The one thing I'm asking is that you don't demand that I leave Lincolnboro."

#### To the Rescue

I cleared my throat. "I happen to have a clause in my pocket that I copied from somebody else's agreement," I murmured, not very subtly. "I suggest you give it to Mr. Beadle and ask him—delicately, of course—if perhaps it doesn't fit your needs a little better than the other one. This clause, you see, protects both of you. Here's the point:

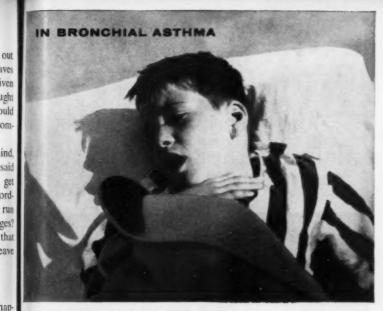
"If Dr. Roberts offers you a partnership, Dr. Drysdale, and you refuse it and set up for yourself locally, he's the injured party; and I think he's entitled to be compensated for his disappointment and for the year's profesLIF

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#### LIFTS the blanket of fear

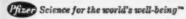
When a child feels he's smothering with asthma, you can't explain his fear away. You can give Vistaril to reduce anxiety and restore tranquility. By relaxing both mental and muscular tension, Vistaril helps patients obtain full benefit from anti-asthmatic therapy.

Dosage is adjusted according to response. Children under 6 should be given up to 50 mg. of Vistaril orally each day, and children over 6 should receive 50 to 100 mg. daily, in divided doses.

In 1958, Vistaril was designated as a psychotherapeutic antihistamine by the A.M.A. Council on Drugs.

Supplied as Oral Suspension — 25 mg. per teaspoonful (5 cc.); Capsules — 25, 50 and 100 mg.; Parenteral Solution (as hydroxyzine HCl) 25 mg. per cc.—10 cc. vials and 2 cc. Steraject<sup>®</sup> Cartridges.

A Professional Information Booklet providing further details on Vistaril is available from the Medical Department on request.



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

MEDICAL ECONOMICS · OCTOBER 12, 1959 179

## now...correct depression safely and rapidly in everyday office practice



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# Nardi



brand of phenelzine dihydrogen sulfate

MORRIS PLAINS, N.

### restores your depressed patient to purposeful reality

safely: No significant reports of toxicity to liver, kidneys, or blood 1.3 in thousands of cases to date.

rapidly: Antidepressant activity within the first few days; complete recovery occurs within 2 to 6 weeks.

correctively: Removes the depression itself, does not merely mask the symptoms as do tranquilizers and sedatives.

Nardil is indicated in the office treatment of all mild to severe depressions. It is useful in those related to childbirth, menopause and old age; for depressions caused by stress situations; when there is a past history of depressed periods, and in depressions associated with chronic diseases such as angina pectoris and rheumatoid arthritis.

Dosage: One tablet three times a day.

The above dosage should be maintained until remission of symptoms is achieved which may require 2 to 6 weeks. Dosage should then be reduced to a maintenance level of one or two tablets a day.

Supplied: 15 mg. orange-coated tablets, bottles of 100.

References: 1. Sainz, A.: The Phrenopraxic Activity of a Non-noxious Antidepressant, Ann. New York Acad. Sc. (in press) 1959. 2. Thal, N.: Cumulative Index of Antidepressant Medications, Dis. Nerv. System 20:197 (May) 1959 3. Saunders, J. C.; Roukema, R. W.; Kline, N. S., and Bailey, S. d'A.: Clinical Results with Phenelzine, Am. J. Psychiat. (in press) 1959.

#### THE RESTRICTIVE COVENANT

sional grooming you'll have got from him. But if Dr. Roberts doesn't offer you a partnership at the end of the year, although you want it, then I think you're injured—assuming, of course, that you've done good work during the year."

"Go on," said Dr. Roberts. And Dr. Drysdale listened intently.

"O.K. Now let me read you the clause from the other agreement that I just happen to have with me." And I did. This was it:

"Each party for himself agrees that if, at the termination of this

employment, first party offers partnership to second party, and second party declines such offer and subsequently practices competitively, second party shall pay and first party shall accept as liquidating damages under this agreement the sum of five thousand dollars (\$5,000); and each party for himself further agrees that if second party is not offered partnership, no damages shall be payable by him if he subsequently practices competitively. The words "practices competitively" for the purpose of this agreement shall mean the practice of



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#### Fair to Both Parties

I handed each doctor a copy and said: "Naturally, you'll make your own agreement as to the amount of the damages, the radius of the competitive area, and the duration of the competitive period. But a clause like this is worth thinking about because it's fair to both parties. It lets Dr. Drysdale stay here, in or out of partnership with Dr. Roberts. And it gives Dr. Roberts some compensating damages if Dr. Drysdale practices here after refusing a partnership offer."

"Let's sign it exactly as it is," said Dr. Roberts.

But as Clem Drysdale reached for a pen, I shook my head. "No," I warned. "This is a job for your lawyer to supervise. Don't ever sign anything a management man brings you to illustrate a point he's trying to make. I've merely given you an idea. Wrapping it up legally is Mr. Beadle's job."

### HEN THE TARGET ORGAN IS THE G. I. TRACT ...AND PEPTIC ULCER RESULTS



MED & CARNRICK . Kenilworth, New Jersey

#### **MODUTROL**

ARRESTS APPREHENSION \*
SUPPRESSES HYPERMOTILITY
RELIEVES HYPERACIDITY

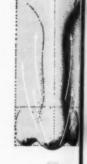
Chemotherapy directed specifically against the fear-anxiety component of peptic ulcer is now possible with the antiphobic Sycotrol. For this reason it is the keystone of the Modutrol approach to total therapy. Modutrol—a combination of Sycotrol with preferred antacids and an effective, well-tolerated anticholinergic—has proven highly successful as sole therapy for peptic ulcer; dietary restrictions have been shown to be unnecessary! EACH MODUTROL TABLET CONTAINS: SYCOTROL 2 mg., Scoppolamine methylinitrate 1 mg., alumiydroxide 200 mg., and magnesium hydroxide 200 mg.

DOSAGE: 1 tablet q.i.d. or as indicated.

 Rosenblum, L.A.: Clin Med. 6:73, 1959.
 \*Contains the antiphobic SYCOTROL for the fear anxiety component.

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Biomydrin penetrates the mucous barrier. Biomydrin spreads

almost instantly.

Biomydrin clears the air passages. Biomydrin decongests

without causing rebound congestion.

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the allergic component.

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Thonzonium bromide 0.05%; Neomycin sulfate 0.1%; Gramicidin 0.005%; Thonzylamine HCI 1.0%; Phenylephrine HCI 0.25%.

### BIOMYDRIN

nasal spray drops



MORRIS PLAINS, K.

### Prime Your Patient for Those Lab Tests!

When you send him out for diagnostic work, he resents unpleasant surprises—financial or otherwise

By Henry A. Davidson, M.D.

M aybe a hundred times a year, a colleague of mine—I'll call him Allen Cooper—sends patients to a clinical laboratory for diagnostic tests or X-rays. This year, the goodwill of at least three of those patients was badly impaired.

Now a batting average of .970 isn't bad. But Cooper—a conscientious fellow—wondered why so simple a procedure should sour his relationship with even three patients. He checked into the cases that had gone wrong, and here's what he found:

Mr. Albertson, complaining of

constipation, had rather expected the doctor to prescribe a laxative and let it go at that. Instead, he was told to report to another office the next morning for "an X-ray of the bowel." He was kept there a good part of the morning. He hadn't anticipated anything as time-taking as that, even though he'd had to purge himself rather vigorously the night before.

He was taken aback even more by the fact that they had pushed a tube into the nether end of his G.I. tract and run in a quart or more of liquid. No

#### A RATIONALE FOR THERAPEUTIC VITAMIN-MINER OF EM

Subclinical vitamin-mineral deficiency in chronic degenerative disease

Most degenerative disease changes appear to be related to disturbances of cellular nutrition.1 Subclinical vitamin or mineral deficiencies often occur despite an adequate caloric intake, and the consequent impairment of enzyme systems may injure body tissues.2 Considerable evidence indicates that the vitamin reserve is frequently lowered to a serious degree in the older age groups most susceptible to degenerative disorders.3 Older persons also have increased requirements for such minerals as iron, iodine, copper, calcium and zinc.4, 5, 6

> the importance of vitamins and minerals in iabetes mellitus

The diabetic has a higher requirement for the vitamin B-complex (especially nicotinic acid, thiamine, B12, and riboflavin) than the normal individual.7 Great losses of calcium and potassium may occur during ketosis.7 Low tissue zinc levels have recently been reported in a series of diabetic patients.8 Metabolic deficiencies are frequently aggravated by diets which restrict or eliminate foods rich in essential co-factors.9 Administration of more than normal requirements often produces a decided clinical improvement and may help to prevent neuropathic changes.7



Peptic ulcer diets are often deficient essential vitamins. Symptoms attributable to B-vitamin deficiency are common observed in patients on such diets. Liver damage leads to faulty vitam metabolism, and cirrhosis often produce severe vitamin deficiency, 11, 12 Pollar and Halpern recommend daily admin tration of therapeutic vitamins patients with hepatitis or cirrhosid Large amounts of zinc are also lost by the cirrhotic patient.13 weiated

Great care must be exercised to avoid 18 Joll any of the excessive depletion of vitamins and misor cere erals in ulcerative colitis, regional enterhremar itis, and chronic diarrhea. Patients with nof vitar extensive bowel resections may require up to six times the normal daily vitan requirement.14

> the importance vitamins and minerals in rthritic disorder

According to Spies,15 nutritive failure especially frequent in arthritic or rheamatic disorders. Some patients lose the desire to eat: some are too disabled to earn money to purchase required foods still others are unable to perform all the necessary masticatory motions. Nausa and vomiting may prevent adequate absorption.

Therapeutic vitamins prevent or correct vitamin deficiency in the arthritic on a inadequate diet. In degenerative joint disease, vitamin therapy is recommended even when there is no demonstrable

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186 MEDICAL ECONOMICS · OCTOBER 12, 1959

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> the importance of vitamins and minerals in ther degenerative processes

thosis. I famins and minerals appear to play a lost be in many other degenerative processes ociated with aging. Studies by Wexo avoid 18,18 Jolliffe 19 and others indicate that any of the symptoms attributed to senil-or cerebral arteriosclerosis respond nd min l enter hremarkable speed to the administrats with nof vitamins. Pyridoxine and nicotinic requin itami

acid may even play an important role in the prevention of atherosclerosis.

Vitamin or mineral deficiency may be an unrecognized factor in still other situations. As Kampmeier states:

"Who can say, for example, whether the patient chronically ill with myocardial failure may not have a poorer myocardium because of a moderate deficiency in the vitamin B-complex? Something is known of the relationship of vitamin C to the intercellular ground substance and repair of tissues. One may speculate upon the effects of a deficiency of this vitamin, short of scurvy, upon the tissues in chronic disease. Are there 'subclinical' degrees of vitamin deficiencies to search for, now that frank deficiency states have become so rare at least in the United States?"2

References 1-19 will be supplied on request from: Professional Service Department, squibb, 745 Fifth Avenue, New York 22, N. Y.

help preserve tissue integrity and impede degenerative processes

### Theragran-

THERAGRAN-M rden le-shaped tablet supplies: , nin A . . . . . . . . . 25,000 U.S.P. units . . . 1,000 U.S.P. units lure i ine Mononitrate . . . . . . . 10 mg. 10 mg. flavin . . . . . . . . . . . . . . . . . . rheu common with the control of the contr se the led to um Pantothenate . . foods: min B12 Activity Concentrate . . 5 mcg. nin K. . . . . . . . . . . . . . . 2 mg. nin E . . . . . . . . . . . . . 5 Int. units all the auser 105 ma. quate . . . . . . . . . . . . . . . . 15 mg. 5 ma ...... 1 mg.

Dosage: I tablet daily or as recommended.

Supply: Family Packs of 180. Bottles of 30, 60, 100, and 1000,

Available with vitamins only as

#### THERAGRAN

Bottles of 30, 60, 100, and 1000 capsules and Family Packs of 180.

Also available: Theragran Liquid, bottles of 4 ounces: Theragran Junior, bottles of 30 and 100 capsules.

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Squibb Quality-the Priceless Ingredient

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one had told him they'd do that to him either!

Finally, he was shocked by the bill for \$35. Modern science, he mused, is wonderful—but this was carrying wonders too far. And all for a case of constipation! Next time he'd go to a doctor who'd treat simple things with simple remedies.

#### What He Wasn't Told

What had gone wrong? The doctor had simply failed to tell the patient his "simple" constipation might be the symptom of something very serious—some-

thing well worth investigating promptly.

Mrs. Barbour's reason for changing doctors was even more simple, and even less logical. A prim and proper dowager, she had shown some symptoms suggestive of diabetes. So Dr. Cooper sent her to a laboratory, telling her only that she was to have a sugar tolerance test. He said nothing about needles or blood.

That was too bad, because from Mrs. B's uncomplicated viewpoint, a blood test was done only to determine syphilis. On learning at the laboratory that

"Noteworthy effectiveness in cases of constipation induced or aggravated by anticholinergic and ganglionic blocking agents."\*

the physiologic, broad-spectrum laxative

1 TABLET t. l. d.



<sup>\*</sup>Gasster, M.: Med. Times 86:1403, Nov. 1958.

Samples? Write to
STANDARD LABORATORIES, INC., Morris Plains, N.J.



no more battles at vitamin time



### Delectavites

testable, chewable, chocolate-like vitamin-mineral nuggets

lights, no battles at vitamin time because children love to chew BETAVITES. These delectable, easily chewable chocolate nuggets supply ssential vitamins as well as minerals so necessary during the years growth. As soon as children can chew, they can go directly from vitamin ws to DELECTAVITES. And, now you can be sure your little patients will low your instructions about taking their daily vitamins.



Magget centains: Vitamin A-5,000 Units\* / Vitamin D-1,000 Units\* / Vitamin C-75 mg. / Vitamin B<sub>2</sub>-1.5 mg. / Vitamin B<sub>3</sub>-2.5 mg. / Vitamin B<sub>3</sub>-1.7 mg. / Vitamin B<sub>3</sub>-2.5 mg. / Vitamin B<sub>3</sub>-2.5 mg. / Vitamin B<sub>3</sub>-1.0 mg. / Rutin-3 mg. / Rutin-1 mg. / Biotin-30 mg. / Rutin-1 mg. / Rutin-3 mg. /

un: one Delectavites daily. supply: Box of 30 (one month's supply), Box of 90 (three months' supply).

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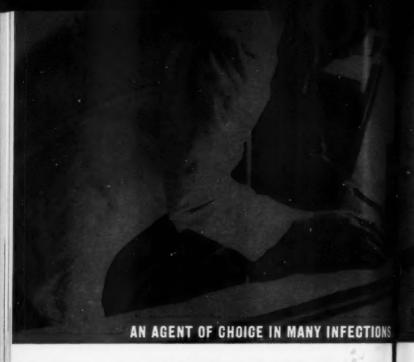
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### CHLOROMYCETIN

"In selecting the antibiotic of choice for treating urinary pathogens, in vitro testing is essential."

Numerous studies<sup>2-9</sup> attest the wide antibacterial activity of CHLOROMYCETIN—...often effective against organisms which are resistant to the other broad-spectrum antibiotics." For example: "...it often provides a means of controlling infections due to such resistant organisms as Proteus."

"B. proteus exhibits a greater sensitivity to chloramphenicol than to other antibiotics," according to one investigator. Another reported: "Proteus bacilli are often drug resistant, but significant activity against them is exhibited by chloramphenicol...." In the latter study, CHLOROMYCETIN"... showed the greatest activity among the agents tested against E. coli, A. aerogenes, and Proteus species."

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapueals® of 250 m/s in bottles of 16 and 100.

CHLOROMYCETIN is a potent therepessic agent and, because certain blood dyscressiss have been associated with it administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain old drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

REFERENCES: (1) Holloway, W. J., & Soutt, E. G.: Defenoure M. J. 29:158, 1957. (2) Suter, L. S., & Ulnich, E. W.: Amillatide Chemother. 9:38, 1959. (3) Mangley, J. J., & Rattiner, W. H.: J.A.M.A. 186-518, 1958. (4) Bloods, F. S.: Postgrad, Med. 21:365, 1975. (6) Horizon, B. E., & Knight, V. J. Jonneseeve M. A. 48:367, 1955. (5) Seneca, H.: Am. Pract. & Digent. 80:423, 1959. (7) MA. W. H.: M. Clin. North America 43:191, 2059. (8) Seneca, H.: Am. J. Pract. & Digent. 80:423, 1959. (7) MA. W. H.: M. Clin. North America 43:191, 2059. (8) Seneca, H.: Am. J. Viol. 81:354, 1959. (8) Welforlin, A. W.: Connection Ma. 27:769, 1958.



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CHLOROMYCETIN 68.4% ANTIBIOTIC A 55.9%

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ANTIBIOTIC D 16.2% 20 40 60

\*Adapted from Suter & Ulrich.\*

There antibiotics were tested by the tube dilution method, using a concentration of 12.5 mcg/m. The percentages represent the total number of sensitive strains found in five Protous species.

PARKE, DAVIS & COMPANY - DETROIT 32, MICHIGAN



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3 ding to activity she was to have such a test, she gathered her skirts about her and moved out with indignant speed.

Now consider the case of Miss Carmody. She had been losing weight, and Dr. Cooper said he was sending her to have a metabolism test; she should be at the laboratory by 8 A.M. without having had any breakfast. That was all the explanation she got.

#### **Dictionary Scared Her**

Miss Carmody looked up "metabolism" in the dictionary. She found it was the process of building up and destroying protoplasm. And protoplasm, she knew, was a chemical.

She came to the laboratory. hungry and somewhat nervous, wondering what kind of chemicals they used. She wasn't at all prepared for the serpentine pipe running from her mouth to the mysterious machine, the clamp on her nose, and the panicky sense of choking. Needless to say, the metabolic rate was anything but basal.

Miss C now has a new doctor -one who takes time to explain things. More



DOSAGE: 1 to 2 tablets q.i.d. before meals and on retiring.

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### when upper respiratory congestion

### is complicated by bacterial invaders

#### TRISULFAMINIC provides logical therapy

- for the patient ill with congestion and infection of the upper respiratory tract, as in purulent rhinitis, sinusitis, tonsillitis and otitis media, when caused by sulfa-susceptible bacteria;
- because secondary invasion by such bacteria so frequently follows the common cold.<sup>1</sup>

#### ereasons for combining Triaminic with triple sulfas

minic and triple sulfas are not only unacologically compatible, they are a arpeutically logical combination for respiratory infections: Triaminic for the decongestant relief from rhinitis, where and sinusitis; triple sulfas for letablished antibacterial action.

The advantages of Trisulfaminic in upper respiratory infections include: proved effectiveness; safety: economy; ease of administration; less likelihood of sensitivity reactions; compatibility with antibiotics and other antibacterial therapy. Provided also as Suspension for additional convenience.

### Trisulfaminic

TRIAMINIC WITH TRIPLE SULFAS

Trisulfapyrimidines, U.S.P. ......0.5 Gm.

Available as TABLETS and SUSPENSION

Dosage:

Adults-2 to 4 tablets or tsp. initially, followed by 2 tablets or tsp. every 4 to 6 hours until the patient has been afebrile 3 days. Children 8 to 12 - 2 tablets or tsp. initially, followed by 1 tablet or tsp. every 6 hours. Children under 8 - dosage according to weight.

The palatability, convenience and effectiveness of the Suspension make it especially suitable for children and for those older patients who prefer liquid medication.

References: 1. Cecil, R. L., et al.: J.A.M.A. 124:8 (Jan. 1) 1944. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:406 (July) 1955. 3. Beckman, H.: Drugs, Their Nature, Action & Use, Saunders, Philadelphia, 1958, p. 527.

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#### THE 3-D BINOCULAR MAGNIFIER

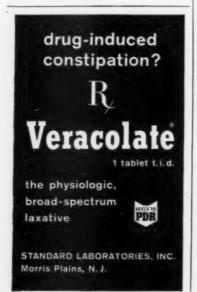
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You'll find the Magni-Focuser a great help re moving foreign bodies, making examinations and in scores of other ways—because it provides magnified, J-D vision. Prismatic lenses of finest optical glass assure needle-sharp accuracy, free from distortion and eyesnarp accuracy, free from distortion and eye-strain. Eliminates glare and distraction. Al-lows use of both hands. Worn with or without eye glasses. Weighs only 3 os. Three models— 1½ X, 2½ X, 2½ X at focal lengths of 14°, 10°, 8°, respectively. Price—310.50. Order from supply house or direct. Send for brochure.

#### EDROY PRODUCTS CO.

Dept. M 480 Lexington Ave., New York, N. Y.



#### LAB TESTS

Once he had checked into these three cases, Dr. Cooper realized he could do a better job of preparing the patient psychologically for any laboratory procedure. Several talks with pathologists, radiologists, and technicians gave him the cues he needed on how to go about it.

It was, he found, largely a matter of communication. The patient feels better if he's told the general nature of the diagnostic tests ahead-whether blood will be taken from his finger tip or from an arm vein. whether something will be inserted into a body orifice, or whether it will be a "breathing test."

And surely he rates some advance word if the procedure will be uncomfortable. While sigmoidoscopy and washing a nasal sinus are not forms of torture, they are unpleasant surprises to most people.

The patient also deserves to be told how much time to allow. If the family doctor can't provide an informed estimate, he can ask the laboratory in advance. It's a sure source of resentment if the patient is kept there all morning when he'd expected to be in and out of the lab within a few minutes.

Should the patient be told the "why" of the procedure? It's oft-

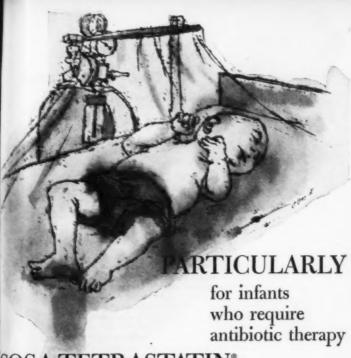
194 MEDICAL ECONOMICS · OCTOBER 12, 1959

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#### COSA-TETRASTATIN°

ducosamine-potentiated tetracycline with nystatin

lecause infants, particularly the newborn, are prone to secondary fungal infections using antibiotic therapy, they should have extra protection — especially against regrowth of Candida albicans.

llow. In Cosa-Tetrastatin, this extra protection is provided by nystatin—specific against pro- Candida—while Cosa-Tetracyn® (glucosamine-potentiated tetracycline) provides he high levels of antibiotic activity against a broad range of pathogens.

ad. Thus COSA-TETRASTATIN combines tetracycline effectiveness with minimum int of moniliasis.

hpplied: Capsules (pink & black)
250 mg. Cosa-Tetracyn®
2 oz
plus 250,000 u. nystatin Cos

Oral Suspension (orange-pineapple flavor) 2 oz. bottle, each tsp. (5 cc.) contains 125 mg. Cosa-Tetracyn® plus 125,000 u. nystatin

Professional Information Booklet containing complete details on COSA-TETRASTATIN

Weer Science for the world's well-being™

faer Laboratories, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N.Y.

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Victim of
Overeating and
"Oversitting"

#### BIPHETAMINE

A 'STRASIONIC' RELEASE ANORETIC

- 10-14 Hour Appetite Curb
- 10-14 Hour Mild Invigoration
- Predictable Weight Loss...
  a comfortable 1 to 3 lbs. a week in 9 out of 10 cases



In many instances both appetite limitation and mild invigoration ('Biphetamine') are required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Biphetamine may be prescribed for obese patients who are hypertensive, arthritic, diabetic, pregnant, menopausal, aged; and to reduce surgical risks. Use with initial care in patients hypersensitive to sympathomimetic compounds, in cases of coronary disease or severe hypertension.

#### Single Capsule Daily Dose 10 to 14 hours before retiring



C STRENGTHS

BIPHETAMINE®

Each black capsule centains:
d-amphetamine ..... 10 mg
di-amphetamine ..... 10 mg
as resin complexes

BIPHETAMINE®

Each black and white capoule contains d-amphetamine . . . 6.25 mg. dl-amphetamine . . . 6.25 mg. as resin complexes

BIPHETAMINE®

Each white capsule contains: 1-amphetamine . . . 3.75 m 1-amphetamine . . . 3.75 m as resin complexes

Rx Only. Caution: Federal law prehibits dispensing without prescription.

Biphetamine made and marketed ONLY by STRASENBURGH

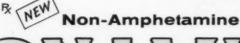
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LABORATORIII

Originators of 'Strasionic' (sustained ionis) Release

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STRASIONIC' ANORETIC

PHENYL-7ERT.-BUTYLAMINE RESIN

#### 10-14 Hour Appetite Curb

#### Predictable Weight Loss...

a comfortable .221 lbs. per day in average case



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In many instances, appetite limitation only ("lonamin") is required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the defired therapeutic action is uniform, predictable and comfortable.

Ionamin may be prescribed for obese patients who are arthritic, diabetic, pregnant, menopausal, aged, to reduce surgical risks, and may be used with caution in hypertensive or cardiovascular disease.

#### Single Capsule Daily Dose 10 to 14 hours before retiring



List No. 904

IONAMIN"

Each yellow capcule contains: phonyl-tert.-butylamine . . 30 mg. as a resin complex List No. 903

IONAMIN"

Each grey and yellow capsule centain phonyl-terl\_butylamins . 15 mg. as a resin complex Rx Only. Caution: Federa dispensing with:

lanamin-made and marketed ONLY by STRASENBURGH



Originators of 'Strasionic' (sustained ionic) Release

MEDICAL ECONOMICS · OCTOBER 12, 1959 197

en a good idea. For example, a diabetic with no eye complaint will automatically wonder why he's referred for ophthalmoscopy. And a patient with swollen feet will probably be puzzled when electrocardiograms and a urinalysis are ordered.

These are logical tests—to the physician. But they may well confuse or alarm the patient. He may even think the doctor is ordering unnecessary work. Hence the need of an explanation.

#### **Tell Him the Cost?**

A more troublesome question is whether the referring physician should estimate the cost. Like other professional men, the laboratory boss objects to other people's setting his fees. But it puts the doctor in an impossible position if he cannot give the patient at least a rough idea of what the service will cost.

Actually, laboratory charges can be estimated more easily than fees for general clinical procedures. What causes trouble in most cases is the occasional need for some additional, unanticipated tests.

Suppose, for example, the usual charge for an X-ray examination of a long bone is \$10. The roentgenologist in charge may find it desirable to take half a dozen different views. Thus the procedure may cost the patient \$10—or up to \$60.

The solution? Let the referring doctor find out the basic charge for the work desired, plus the range of fees for additional studies that might conceivably follow. Then he can give the patient a reasonable estimate of maximum and minimum costs.

To sum up what the patient should be told, then:

#### What He Needs to Know

He can't be considered emotionally prepared for the laboratory until, within the limits of his understanding, he knows: (1) why the test is being oruered; (2) what kind of procedure to expect; (3) the range of possible costs; (4) whether the procedure will be painful or uncomfortable; and (5) the time he should allow for it.

Who should do the telling? The referring doctor. The information is then authoritative. And the fact of its coming from the doctor himself is evidence of his caring enough to take the time to allay the patient's anxieties.

TWO FO

Each teas





Stop Cough 8-12 Hours with a Single Dose

### A 'Strasionic' Antitussive . Dihydrocodeinone Resin—Phenyltoloxamine Resin

- A Single Dose Controls Cough for 8-12 Hours
- e Permits Natural Discharge of Mucous
- e Uninterrupted Antitussive Action with Minimum Amount of Narcotic Through 'Strasionic' Release

TWO FORMS: Tussionex Thixaire<sup>TM</sup> Suspension • Tussionex Tablets

Each teaspoonful (5c.c.) or tablet provides 5 mg, dihydro-odelnone and 10 mg, phenyltoloxamine as resin com-¼ teaspoonful q12h; 1-5 years, ½ teaspoonful q12h.

&x enly. Class B taxable narcotic.

Tussionex-made and marketed only by

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MEDICAL ECONOMICS · OCTOBER 12, 1959 199

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#### Now-

in acute skeletal muscle spasm-

#### A SPEEDIER RETURN

1 in 33 adults with skeletal muscle spasm secondary to autorize trauma:

"All patients of this group received some deprerelief from the drug, and it is interesting that the was a significant degree of reduction in skeletal spasm in 96% of these patients."

2 In 39 patients with herniated lumbar and cervical de who received methocarbamol for relief of pain and managem;

"The response was judged to be pronounced in 23", "moderate" in 13. "In most instances the attack a sided quickly, so that the patients could continuous or go back to work sooner than expected."

3 In 17 patients with acute muscle spasm:

4 In 30 patients with pyromidal tract and acute myalgk a orders:

"Use of this drug (Robaxin) resulted in significant is provement in 27 (90%), questionable improvement 3, and none in 1... No side-effects developed after hours on the medication."4

5 In 60 industrial workers with uncomplicated skeletel a cle spasm:

"Results were gratifying in that 55 workers, or 92' could return to full or light duty. No side effects we encountered." 6

Supply: Robann Tablets, 0.5 Gm., in bottles of 50.

References; 1. Carpenter, E. B.: Southern M.J. 51:627, 1968 LB oyth, H. P.: J.A.M.A. 167:163, 1968. 3. O'Doberty, D. S., and Said C. D.: J.A.M.A. 167:160, 1968. 4. Park, H. W.; J.A.M.A. 167:168. S. Flumb, C. S.: Journal-Lancet 78:531, 1968.

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Ethical Pharmacouticals of Marit since 1878



EXCELLENT,"

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"GRATIFYING"S

results in 80.3% of

cases of acute skeletal

muscle spasm, and

"moderate" results in

14.1% –or an over-all

beneficial result in

94.4% of cases.

Relatively free of

adverse side effects.

ORMAL ACTIVITY"

RN

Beneficial results in 94.4% of patients in 5 clinical studies ......



Robaxin

Methocarbamol Robins . 9.5 Fet. Re. 2775646

Pain relief...plus mild sedation

Robins



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#### .to assure

#### naximum <u>safe</u> analgesia

Pain relief—tailored to patient need—even (in many cases) eliminating the need for morphine, "the drug of last resort," through—

#### • Four convenient PHENAPHEN potencies

- for individual selection, to match the intensity of pain
- · Flexibility of dosage
  - for easy adjustment (1 or 2 capsules, as needed) to cope with variations in the level of pain

#### ADVANTAGEOUS COMBINATION

"Combinations of codeine with mild analgesic agents are commonly used to relieve pain refractory to the mild analgesic agent alone. Such combinations offer the advantage that pain relief may be afforded by doses of codeine that are ineffective when given alone."

BOŞAGE — One or 2 capsules as required. SUPPLY — Bottles of 100 and 500 capsules.

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teryhelicylic acid (21/2 gr.) ,	162	mg.
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Hanyamine sulfate	.031	mg.

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American with Codeine Phosphate ¼ gr (62 mg.).

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Amathen with Codeine Phosphate 1/2 gr. 17.4 mg. K

#### MINAPHEN No. 4

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PHENAPHEN WITH CODEINE

THE POBULAR NOSE DROP



#### IN REDIATRIC CIRCLES

Tyzine PEDIATRIC NASAL DROPS

#### LESS "FUSS" WHEN ADMINISTERED ... AND FEWER ADMINISTRATIONS NEEDED

Extensive courses experience with TYZINE shows counting a sting or burn on admin istration, no religing congestion, and unusually well sustained effect—characteristic particularly sound to pediatric patients.

Note: As with cortain other widely used asse decongestants, overdisage may cause drownloss or desp sloop in intants and young children; Keep out of hands of children of all ages.

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#### The Best Practice Set-Up?

#### TRY 'SOLO PARTNERSHIP'

This doctor shares a building—but very little else—with congenial men in various fields of practice. Here he explains how such an arrangement can provide many of the advantages of group practice without the drawbacks

By André Lester, M.D.

"Group practice? Not for me.
"Work solo? Not on your life.
I like the security and convenience of a partnership."

One or the other of the above statements seems to embody most doctors' attitudes toward partnership vs. solo practice. They're wholeheartedly on one side of the fence. I'm not. I'm sold on a third type of set-up—one that can give you many of

the advantages of both partnership and solo work.

Along with several other doctors, I'm in what I like to call (inexactly, of course) a "solo partnership." Whatever you call it, I believe it's the best possible practice arrangement.

Let me explain it to you. You can compare its advantages, as well as its minor drawbacks, with those of your own practice setup. And if you agree that mine

THE AUTHOR, who writes here under a pen name, is an East Coast internist.

sounds better, perhaps you can find a way to set up something like it.

I practice internal medicine in a suburban town I'll call Chesterville. My office is in a small building I'll call the Chesterville Medical Center. The building's other tenants are a dentist and six physicians: a dermatologist, a G.P., an OB man, an ophthalmologist, a pediatrician, and a surgeon. The fact that these men are in the building is what makes the "partnership" side of my practice possible.

#### **Sharing Is Limited**

Although every one of us is technically on his own, we do share certain conveniences. We have a common reception room and a common lab, for instance. We also share some equipment and the expense of the building's receptionist and lab technician. But there the sharing stops.

We split no other office expenses. More important, each man's income is entirely his own—and his own business. Our only material tie is that we have offices in the same building.

But there's a less obvious, more meaningful relationship: We respect one another professionally. It's because we get along so well together that the Chesterville Medical Center is more than just a building with a bunch of solo practitioners in it.

How did such a well-rounded assortment of medical men happen to locate under one roof? It didn't just happen. The G.P. and I arranged it that way.

#### **How Tenants Were Chosen**

You see, he and I own the building. We built it ten years ago with just this type of set-up in mind. And we carefully selected the men to whom we offered rental space.

We chose men whose specialies complement each other, pretty much as in a mixed-specialty group. We chose men who'd proved themselves in their fields. And we picked colleagues who were already well established locally.

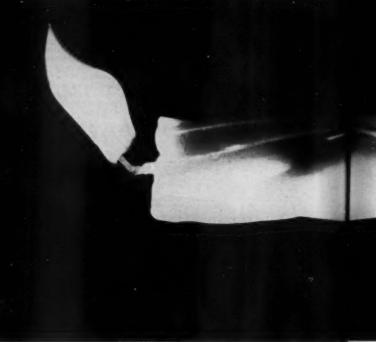
Most important, we made sure that all the tenants were compatible. We ourselves had worked with all of them, either through referrals or through covering arrangements. But we carefully checked on their compatibility with one another as well as with us.

There has been some turnover



XUM

When the vagus burns at both ends



#### Pro-Banthine® with Dartal® moderates

The slow simmer of anxiety frequently causes kindred gastrointestinal overactivity. The spasticity and the accompanying distress of excess acid lead to loss of efficiency. Patients subject to such psychoenteric upsets require therapy to calm both ends of the vagus.

Pro-Banthine with Dartal contains the two agents required for such dual therapy: the anticholinergic Pro-Banthine to control and to curtail the flare-ups of spasm and excess acidity and motility, and bo

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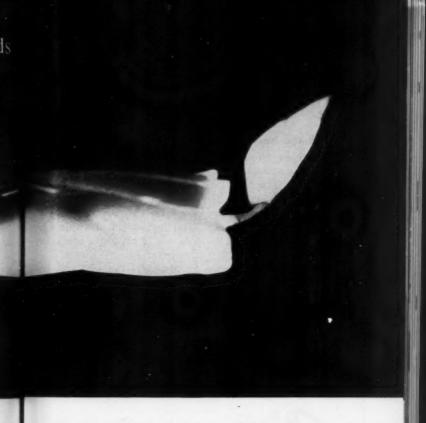
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#### both mood and gastrointestinal spasm

the tranquilizer Dartal to smother simmering anxiety and tension.

Pro-Banthīne with Dartal contains 15 mg. of Pro-Banthīne (brand of propantheline bromide) and 5 mg. of Dartal (brand of thiopropazate dihydrochloride) in each tablet.

DOSAGE: One tablet three times a day.

G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

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#### 'SOLO PARTNERSHIP'

in the ten years. Some of our newer tenants have been younger and less well established than the original men. But in other respects they've been screened with equal care.

#### An Eight-Man Non-Group

We now have eight men who could easily compose a well-rounded formal group. As I've said, we're definitely not a group. But in the congenial atmosphere of our building, patients and doctors alike enjoy many of the benefits of group practice.

For one thing, we have better

facilities than most of us could afford if we practiced elsewhere. Each man's overhead is cut by our sharing the common waiting room and lab. And we save on equipment costs by some informal equipment-sharing methods.

I happen to own X-ray equipment, for instance. But I grant the G.P., the ophthalmologist, and the pediatrician unlimited use of it. I charge them enough to cover ordinary maintenance and depreciation. Thus they get the use of expensive equipment very cheaply.

Similarly, the eye man has

# america america

#### support medical education!

Every practicing physician has heard the appeal of the medical schools for desperately needed financial support.

The American Medical Education Foundation has an annual quota of \$2,000,000 to be subscribed by practicing physicians.

Considering direct gifts, contributions through their Alma Mater and Alumni Committees and through the American Medical Education Foundation, this 2 million dollers has been greatly exceeded.

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D-HYDELTRASOL provides its steroid component in true solution—a defipapeutic benefit, since in pure solution more of the steroid is immediately to inflamed natal mucosa.

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Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Even doses given as late as 10 p.m. will not interfere with sleep.3

Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs, a week.8 (see

Safe - Tenuate can be used even in overweight cardiacs or hypertensives.

EKG studies substantiate Tenuate's lack of appreciable CNS stimulation. No effect on heart rate, blood pr sure, pulse or respiration is dem strable. Thus Tenuate is particular well as well suited for hypertensive and a pertensi diac patients - those whose weight must come down.

PROOF OF WEIGHT LOSS3-4 In a series of patients, the following weight losses were obt

Lbs./Week	Number o		% Patie	
0.1-0.9		23		22.54
1.0-1.9			55	53.9
2.0-2.9		22		21.56
3.0-4.0	2			1.96
		100%		

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fications: The overweight patient, inoding adolescent, geriatric and gravid, rticula will as special risk situations-cardiac, pertensive, diabetic.

sage: One 25 mg. tablet one hour fore meals. To control nighttime hunan additional tablet may be taken in devening without inducing insomnia.



THE WM. S. MERRELL COMPANY York . Cincinnati . St. Thomas, Ontario



thwarts refrigerator raiders

TENUATE-Especially for late evening and "4th meal" eaters. Controls hunger without producing sleeplessness.

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22.54

53.5

21.5

100%

# Fostex\* treats their acne while they wash

degreases the skin helps remove blackheads dries and peels the skin

### ... and this is how it works

Fostex provides the essential actions necessary in treating acne. It washes off excess oil. It anblocks pores by penetrating and softening blackheads. It dries and peels the skin, removing papule coverings, thus permitting drainage of sebaceous glands.

Fostex contains Sebulytic®,\* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions ... enhanced by sulfur 2%, salicylic acid 2%, hexachlorophene 1%.

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Your patients will like Fostex because it is so simple to use. They simply wash acne skin 2 to 4 times a day with Fostex, instead of using soap.



. . in 4.5 oz. jars. For therapeutic washing in the initial phase of oily acne treatment.

Write for samples.



.. in bar form. For therapestic washing to keep the skin dry and free of blackheeds during maintenance therapy. Also used in relatively less oily acne.

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#### 'SOLO PARTNERSHIP'

equipment that I sometimes need to use. I do so freely. I simply pay him a small fee for the convenience.

But there's a bigger advantage usually found only in groups: We're able to have easy, informal consultations with one another. Here's an example of the sort of thing that happens every day:

Several weeks ago, the pediatrician saw a child with a skin rash. It looked like a simple heat rash. But to make certain, he asked the dermatologist if he could spare a moment for a quick look. The skin man verified the pediatrician's diagnosis.

#### **Consultations Are Free**

The patient got no bill from the dermatologist for this small service. But she—and the pediatrician—got the benefit of his opinion. Our relationship is so close and easy that any of us feels free to call on anyone else for similar informal consultations.

For the great majority of consultations within our center, the patient is never billed. That's how we maintain another of our set-up's biggest assets: We never lack referrals from other local doctors. They're not afraid of losing patients to us, because



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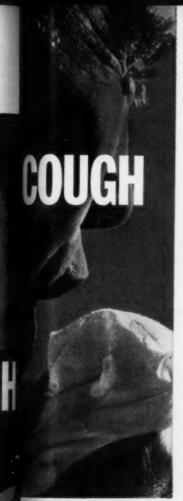
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COUGH

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# **STOPPED**

ROMILAR CF raises the cough-reflex threshold in 15 to 30 minutes and sustains relief for as long as six hours—without undue side effects, without narcotic hazards or complications. ROMILAR CF treats the entire cough and cold complex: dextromethorphan (ROMILAR) controls the cough, chlorpheniramine combats allergic manifestations, phenylephrine reduces nasal and bronchial congestion, N-acetyl-p-aminophenol relieves headache and myalgia and reduces fever. Infection, allergy, bronchitis, excessive smoking—whatever the cause, prescribe ROMILAR CF for cough.

For convenient use away from home, also available in capsule form.

When only the specific antitussive action of dextromethorphan is indicated, prescribe ROMILAR—Syrup, Tablets or Expectorant.

Romilar® Hydrobromide-brand of dextromethorphan hydrobromide.

# **ROMILAR CF**

the complete treatment for cough and other cold symptoms

SYRUP

CHE LABORATORIES . Division of Hoffmann-La Roche Inc . Nutley 10, N.J.

#### 'SOLO PARTNERSHIP'

they fully understand that we aren't a self-sufficient group. We've made that fact apparent from the beginning.

For one thing, no Chesterville Medical Center practitioner has ever spoken of being "associated with" the center. We simply have offices in the building. That's what we say—and it's true.

#### Don't Say 'Group'!

There have been times when some of us have heard our building called a group or a clinic by a local colleague. At such times, we've instantly set the speaker straight: "We're not a group. Every man in our building practices solo medicine."

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To prove we mean what we say, we walk an absolutely ethical line on referrals—both those we get and those we make. I's certain we're stricter in this respect than are most other solo men. With us, it isn't simply a matter of returning every referred patient to his doctor. We don't even cross-refer walk-in patients to someone in the building without giving them a choice of several other local men.

Recently, for instance, I de-

## new concept for chronic constipation

and especially that associated with the irritable bowel syndrome

# DECHOTYL"

provide physiologic support



until normal bowel function returns

\*AMES T.M. for trapezoid-shaped talk

cided that a woman whom a local G.P. had sent to me for examination needed abdominal surgery. But I didn't tell her so; most people know there's a surgeon in my building, and she might have asked to see him. I merely sent a complete report of my findings to her doctor—who, as it happened, referred her to another surgeon.

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#### No Referrals to Tenants

We're just as meticulous with patients of our own. To illustrate: If I feel that one of my patients needs an eye examination, I never suggest that she see our ophthalmologist-tenant.

Not long ago, I asked a woman: "Who checked your eyes last?" When she mentioned Dr. X in a near-by town, I said: "Fine, I think it's time you had him check them again."

A week later, she phoned to say Dr. X had recently retired. Could I suggest another eye man? My answer: "I can give you the names of several good men. Matter of fact, one of them is right here in the building." The choice was still up to her.

Because every one of us fol-

safe, gentle transition to normal bowel function

# DECHOTYL

TRABLETS

DECHOTYL is specifically formulated to physiologically correct chronic constipation, especially that associated with the irritable bowel syndrome. DECHOTYL gradually and gently re-establishes normal bowel function by gentle stimulation of the bowel and by producing a moist stool of normal consistency.

#### bile stimulation

#### · stool softening

Dioctyl sodium sulfosuccinate ..... 50 mg



Available: TRABLETS,\* coated, yellow, trapezoidal; bottles of 100.

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This also applies to Johnson & Johnson pre-wrapped Patient-Ready Dressings, that save preparation time, reduce wastage and guarantee sterility.

Specify the most trusted name in sterile dressings for hospital and office use.

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#### 'SOLO PARTNERSHIP'

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ims this same policy, we're neither resented nor suspected by other men in the area. At the same time, the building itself remains a kind of mute—and thoroughly ethical—source of referrals. A person who comes to see our dentist, say, can't help noticing how many physicians are here. Later, when he needs a doctor, he may well come to one of us rather than look up another man in town.

As a result, all our practices are booming. Mine has more than quadrupled in ten years. Our newest tenant, the pediatrician,

# Amusing . . . Amazing . . .

Embarrassing . . .
No doubt one of these adjectives describes some incident

tives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MED-ICAL ECONOMICS, Oradell, N. J.



moved in about two years ago. He tells me his practice has doubled by now.

So we're a happy group though not a "group"—of practitioners. We have the above benefits of partnership practice, plus the following advantages of individual practice:

#### **Advantages Over Groups**

¶ Each of us keeps what he earns. Since we don't pool income, no younger man has to "carry" an older one who's slowing down. We set our own fees, collect them ourselves, and account only to the tax collector.

We're not tied down to an organization. Except for the G.P. and me, who own the building, no one here has any commitment other than his three-year lease. And, frankly, I wouldn't insist that anyone stay out his lease if he didn't want to. There's a waiting list of good local men who'd like to rent space here.

¶ We don't share legal liability for any colleague's mistakes.

¶ We don't have to conform to "group standards." Each of us can set his own hours and run his office as he wishes. There's no senior partner's wife to be nice to, either. But just in case I've given the impression that our arrangement is all milk and honey, let me add that it isn't. It does have drawbacks—particularly from the standpoint of the group-minded physician.

#### What's Bad About It

The major drawback is that our center offers no more financial security than would any straight solo practice. For example, while our two most recent tenants were struggling to make ends meet, the rest of us were doing very well. If we'd been a formal group, we'd have helped carry them. But everyone's on his own at Chesterville.

Because he's on his own, his overhead is higher than it would be in a group. And he can't count on the constant cross-coverage that a group provides.

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Then, too, our set-up doesn't increase the liquidation value of any man's practice. The G.P. and I are landlords, nothing more. If a tenant were to die, we'd be under no obligation to buy up his assets, collect his outstanding accounts, or help find a buyer for his practice. Such burdens would fall to his widow.

Conversely, our tenants are

now! by mouth! a liquid bronchodilator terminates acute asthma in minutes with virtually no risk of gastric upset

# ELIXOPHYLLIN

oral liquid

following oral dosage of 75 cc. Elixophyllin, mean blood levels of theohylline at 15 minutes 1 exceed those produced by 300 mg. aminophylline IV.2—and therapeutically effective 3 levels persist for hours. 1

- No sympathomimetic stimulation
- No barbiturate depression
- No suppression of adrenal function

Each tablespoonful (15 cc.) contains the ophylline 80 mg. (equivalent to 00 mg. aminophylline) in a hydroalcoholic vehicle (alcohol 20%).

wacute attacks: Single dose of 75 a for adults; 0.5 cc. per lb. of body wight for children.

or 24 hour control: For adults 45 adoses before breakfast, at 3 P.M., and before retiring; after two days, 0 cc. doses. Children, 1st 6 doses 3 cc.—then 0.2 cc. (per lb. of body right) as above.

- Schluger, J. et al.: Am. J. Med. Sci. 233:296, 1957.
- 2. Bradwell, E. K.: Acta med. scand. 146:123, 1953.
- 3. Truitt, E. B. et al.: J. Pharm. Exp. Ther. 100:309, 1950.



Sherman Laboratories

Detroit 11, Michigan

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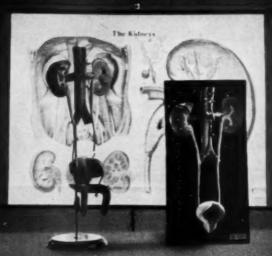


Illustration through courtery of Clay-Adams, Inc., New York

6,800,000

courses of treatment\* and still negligible development of bacterial resistance with

# **FURADANTIN**

in genitourinary tract infections

\*Conservative estimate based on the clinical use of Free payers. Tablets and Oral Suspension since 195)

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"The future of antimicrobial therapy may well rest with antibacterial chemicals more than with antibiotics." 1

# **FURADANTIN**°

brand of nitrofurantoin

"... may be unique as a wide-spectrum antimicrobial agent that ... does not invoke resistant mutants."<sup>2</sup>

FURADANTIN is a "most effective drug in combating the common bacterial infections and remains the most effective drug in urinary tract infections caused by Proteus and Micrococcus species." In fact, in the treatment of Proteus infections, "FURADANTIN is by far the best drug." FURADANTIN "should be used first in those genitourinary infections caused by staphylococci." 5

Available as Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Seneca, H., and Lattimer, J. K.: A.M.A. Arch. Path. 64:481, 1957. 2 Waisbren, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955. 3. Hsie, J.H., et al.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957. 4. Carroll, G., in Panel Discussion, J. Am. Geriat. Soc. 5:635, 1957. 5. Waisbren, B. A.: A.M.A. Arch. Int. M. 101:397, 1958.

FURADANTIN: one of the synthetic nitrofurans—a unique class of antimicrobials unrelated to the antibiotics or sulfonamides



EATON LABORATORIES, NORWICH, NEW YORK

#### 'SOLO PARTNERSHIP'

under no obligation to us as long as they pay their rent and abide by the terms of their lease. This raises occasional problems. For example, we have a space problem at the moment. It isn't going to be easy to solve without stepping on some sensitive toes.

Trouble is, when we first opened the building, we didn't apportion our office space as intelligently as we should have. The ophthalmologist had a tremendous practice even then, so we rented nearly a third of the available office space to him alone. That left plenty of room for the rest of us at the time. But it didn't leave room for anyone but the eye man to expand.

Since then, his practice has

grown, and he now has a salaried associate. He's well satisfied with his quarters. But some of the other practitioners are cramped for space. Take the pediatrician: He has just one small office to work in.

So when the ophthalmologist's lease runs out, we landlords are going to have to cut his space back sharply. It's for everyone's good, but—well, I hope no hard feelings result.

Hard feelings on anyone's part aren't in our scheme of things. As I've said, I believe our "solo partnership" type of practice is the nearly perfect one. But it won't work unless everyone in the building enjoys working together as well as separately. END

# Small choice

Our chief of service was making rounds one day, showing the awed students and internes his uncanny ability to charm patients.

He stopped at the bedside of a little old lady, gave her a winsome smile, and said sweetly, "And how do you enjoy being 80?"

"A hell of a lot," she snapped, "when I consider the alternative!"

—GEORGE O. JUST, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

throat irritations that "hang on" for days relieved promptly

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Prompt relief of sore throat, evidence of healing and control of infection within hours—this is what physicians report after using Bradosol Lozenges. Results of clinical use: good to excellent improvement in 85 per cent of 978 patients. One investigator reported: "Good results, good anesthesia and relief."

\*\*NONANTIBIOTIC, NONBENSITIZING BRADOSOL FOR:

\* minor throat irritations \* "strep throat" \*
pharyngitis \* laryngitis \* tonsillitis \* oral
thrush \* other common oral infections \* postoperative sore throat \* prophylactic therapy
in tonsillectomies and other surgical procedures of the mouth and throat.

SUPPLIED: Lozenges, each containing 1.5 mg. Bradosol bromide and 2.5 mg. benzocaine; packages of 24 in the handy "Flip-Top Box."

REFERENCES: 1. Clinical reports to CIBA.
2. White, D.: Clinical report to CIBA.

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bactericidal • fungicidal • anesthetic

# BRADOSOL' LOZENGES

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11. H.J.

When referrals go wrong, it can mean trouble for the patient as well as his doctor. So this practitioner proposes a 'forward step backward':

# 'WE NEED MORE OLD-FASHIONED CONSULTATIONS

By Richard Gross, M.D.

It seems to me that too many consultants no longer really consult. As a general practitioner, I often find that the specialist I call in on a case takes over entirely and virtually tosses me off the team.

Obviously, that's bad from my point of view. Less obviously, it can be harmful to the patient. And it can boomerang against the specialist himself, since I seldom use such a man as consultant more than once.

Whatever your field of practice, you have probably had some unpleasant experiences with colleagues who think nothing of "dropping the pilot." But I'd like to tell you about three experiences of my own. They've convinced me of the need to reappraise our current consultation methods, and to return to the old-fashioned ways.

1. For years, one of my patients had recurrent attacks of angina pectoris. A few months ago, he suffered a coronary thrombosis. The cardiologist who was called in for consultation asked him whether he'd been

THE AUTHOR, a Midwestern G.P. who writes here under a pen name, formerly practiced in Vienna.

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## INTRAMUSCULAR SOLUTION

New ready-to-inject ampule form provides economical Broad-Spectrum activity for that all-important first dose.

Supplied: Terramycin Intramuscular Solution\*

100 mg./2 cc. ampule

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\*Contains 2% Xylocaine% (lidocaine), trademark of Astra Pharmaceutical Products, Inc.

Complete information on Terramycin Intramuscular Solution is available through your Pfizer

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taking nitroglycerin. Yes, the patient replied.

The consultant disapproved. But he didn't tell me what was on his mind. Instead, neglecting referral ethics, he told the patient that nitroglycerin dilates the arteries, slows the circulation, lowers the blood pressure, and is dangerous. In fact, he added, the medication might well have led to formation of a clot in the coronary arteries.

That friendly little consultation cost me the patient's allegiance. He went off to another family doctor.

2. The wife of one of my patients was deeply worried about her husband's illness. The spec-



ialist whom I recently called in on the case took notice of her anxiety and asked whether I'd done anything for her. "Yes," said the woman. "Dr. Gross has given me some meprobamate tablets."

She hadn't been referred to the doctor; it was her husband I'd asked him to see. Yet he proceeded to warn her that meprobamate was relatively new and untested. And he went ahead and prescribed phenobarbital instead.

#### Too Late to Explain

When she told me about it, I could sense her newborn doubt as to my competence. What could I do? I tried to explain that both his Rx and mine had their merits. The harm had been done. though. A consultant had gratuitously undermined my good relationship with a patient I hadn't even referred to him.

3. Not long ago, a roentgenograph revealed that a patient had a lung lesion. So I took a careful look at his history and reached a tentative conclusion: The lesion might well be a septicembolic abscess after septicemia. The septicemia in turn was traceable to a severe infection on the

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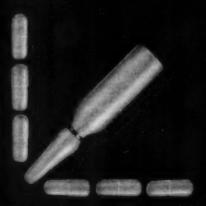
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them, ready-to-inject Terramycin Intrasoular Solution provides maximum, sustained
sorption of potent broad-spectrum activity.

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## TERRAMYCIN®

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#### CAPSULES

Continuation with oral Cosa-Terramycin every six hours will provide highly effective antibacterial serum and tissue levels for prompt infection control.

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Timyein Intramuscular Solution\*

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Cosa-Terramycin is also available as: Cosa-Terramycin Oral Suspension ceach flavored, 125 mg./5 cc., 2 oz. bottle Cosa-Terramycin Pediatric Drops peach flavored, 5 mg./drop (100 mg./cc.), 10 cc. bottle with calibrated dropper

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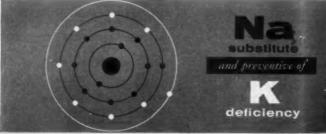
hand that had developed as the result of an on-the-job accident.

The diagnosis seemed plausible. But to be absolutely sure, I called in a lung specialist for consultation. The X-ray films and the record were there for him to review, if he so desired. And I would gladly have discussed the case in detail with him.

But he asked me no questions, and he didn't review the record. He merely examined the patient briefly and announced his diagnosis: lung cancer, inoperable. End of consultation! Naturally, the verdict threw my patient and his family into a panic. (Incidentally, the consultant's snap judgment could have ruined them financially. Cancer would have ruled out Workmen's Compensation payments for the ailment that I had traced to an on-the-job accident.) You can imagine everyone's relief when it turned out that my diagnosis had been right.

The patient still can't understand why I referred him to that particular consultant. Neither can I.

Is there anything we can do to



# DIASAL

doubly valuable for patients on salt-restricted d

Besides encouraging the patient's adherence to diet, DIASAL offers pleasant-tasting prophylaza at the potassium loss incurred by the use of the more recent oral diuretics. The potassium superation, concurrently supplied by DIASAL, helps avoid digitalis toxicity due to urinary loss of the Constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce leading the constituents: Potassium chloride, glutamic acid and inert excipients.

FOUGERA E. FOUGERA & CO., INC., Hicksville, Long Island, New York

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Reference: 1. Brownlee, George D.: A Comparison of the Antipyretic Activity and Toxicity of Phenacetin and Aspirin, Quar. J. of Pharmacy and Pharmacology, 10:609-620.

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forestall incidents like the ones I've just recounted? I think there is. I think we referring doctors ought to demand that consultations again become what they always used to be: a personal exchange of ideas between two or more physicians who literally put their heads together. That's the old-fashioned way—and the good way.

#### How It's Done Abroad

In some European communities, face-to-face consultations are still the rule rather than the exception. I remember the system as it existed in Vienna, where I practiced for some years before coming to this country. Here's how it works:

Assume that the consultation is to be at the patient's bedside. Fine; the family doctor and the specialist arrange to meet there. But before examining the patient, they have a conference in some spot that's out of earshot of both patient and family. During the conference, the consultant is briefed on the history of the case and on the therapy to date.

Both doctors return to the bedside, and the consultant

# Have your patients experienced the ADVANTAGES OF ANTIPYRINE

SAFETY

Side effects are generally absent with FELSOL . . . antipyrine causes no harmful effects to normal persons.



FELSOL is effective as an antiasthmatic, analgesic, and antipyretic — elevating threshold in cases where prompt and enduring antipain or antifever action is required.



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Try this safe and effective preparation for symptomatic treatment. Write for free professional samples and literature legal [1]

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or over and above the rapid relief and improvement of symptoms Decadron helps restore a "natural" sense of well-being

THE MOST EFFECTIVE OF ALL ANTI-INFLAMMATORY CORTICOSTEROIDS DECATION



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# Decadron

DEXAMETHASONE

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Comprehensive and thorough clinical trials show that **DECADRON** on a milligram basis is the most effective of all oral corticosteroids \*\* **DECADRON** is virtually free of sodium retention, potassium depletion, hypertension, or edema \*\* **DECADRON** is virtually free of diabetogenic effect in therapeutic doses \*\* **DECADRON** has not caused any new or unusual reactions \*\* **DECADRON** helps restore a "natural" sense of well-being.

INDICATIONS: All allergic and inflammatory disorders amenable to corticosteroid therapy. CONTRAINDICATIONS: Herpes simplex of the eye is an absolute contraindication to corticosteroid therapy. DECADRON should be administered with the same precautions observed with other corticosteroid therapy. DOSAGE AND ADMINISTRATION: Transfer of patients from other corticosteroids to DECADRON may usually be accomplished on the basis of the following milligram equivalence:

one 0.75 mg. tablet of Decadron (dexamethasone) replaces:

One 4 mg.	One 5 mg.	One 20 mg.	One 25 mg.
	tablet of	tablet of	tablet of
methylprednisolone or triamcinolone	prednisolone or prednisone	hydrocortisone	cortisone

SUPPLIED: As 0.75 mg, scored pentagon-shaped tablets. Also as 0.5 mg, tablets, to provide maximal individualized flexibility of dosage adjustment, since many patients achieve adequate control even on lower dosage.

Detailed literature is available on request.

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# urinary discomfort, relieved within 30 minutes

The specific analgesic action of Pyridium provides rapid relief of pain, burning, urgency, frequency. By promoting more normal function, Pyridium reduces the risk of retention and pooled urine.

# **PYRIDIUM**

# **PYRIDIUM**°

brand of phenylazo-diamino-pyridine HCl

provides safe analgesia as long as may be required. AVERAGE DOSAGE: Adults, two tablets three times daily

before meals. Children, age 9 to 12 years, I tablet three times daily, before meals. SUPPLIED: Tablets (0.1 Gm. each), bottles of 50, 500 and 1,000.



complements any anti-infective of your choice

makes his examination while his colleague looks on. Next, they once more confer privately. They compare findings and determine future management of the case. They then announce their decision as one they've agreed on.

#### **It Builds Confidence**

Such an approach pays immediate dividends. It shows that the doctors are working together. Thus, the family is made to feel an increased confidence in both men.

The same result can also be achieved if no bedside meeting is necessary. The Viennese doctors I know—and many thoughtful Americans too—work as a team even when the family doc-

tor simply refers the patient to the specialist's office.

First, the referring man sends his colleague a summary of the case. The consultant reports back, both by telephone and in writing. And if the patient needs extended treatment from the second man, the referring doctor is kept constantly informed of its progress.

That's true consultation, it seems to me. I'm not contending that such teamwork no longer exists in America—only that there's much less of it than there used to be.

In this one aspect of modern medicine, I suspect we'd be taking a big step forward if we took a big step backward.

# Fresh out

A farmer came to my office complaining of constipation. I prescribed glycerine suppositories, with the usual instructions to place them in the rectum, using one every night before retiring.

When he returned the next week, he said he felt fine. "But Doc," he added, "I didn't have a rectum anywhere in the house. So I just put them things in a glass jar and took one every night like you said."—FRANCIS S. BUCCHERI, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

# controls acute urinary tract infection and pain



It takes two therapies to assure fullest symptomatic and infection control, and Pyridium Tri-Sulfa provides them both in one B for your convenience.

The Pyridium component allays the pain, burning, urgency and frequency within 30 minutes ... while the classic triple-sulfa provides prompt therapeutic blood levels, often with the first dose, to control the infection.

# PYRIDIUM TRI-SULFA

PYRIDIUM® TRI-SULFA

DOSAGE: Adults - first day, 2 tablets four times daily. Then 1 tablet four times daily.

SUPPLIED: Bottles of 30 tablets.
Each tablet contains: Pyridium@
(Brand of phenylazo-diaminopyridine HCl)...150.0 mg.;

Sulfadiazine . . . 167.0 mg.; Sulfamerazine . . . 167.0 mg.; Sulfamethazine . . . 167.0 mg.



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Wall-to-wall carpeting makes a medical
office appropriately different from most
business offices. Here's a shopper's guide

#### BY SALLY AND SIDNEY LIBERMAN

R olling out the red carpet for patients is becoming more than a figure of speech. Rugs of that and every other color are making a comeback in doctors' reception and consultation rooms. For these good reasons:

¶ They're practical. Rugs absorb conversation and heel clicks. And all the maintenance they require is daily vacuuming plus once- or twice-a-year professional cleaning. They need none of

the scrubbing, waxing, and polishing required by smooth-surface floorings. (Caution: Carpeting is *not* recommended for allergists, pediatricians, or doctors who see a good many traumatic cases.)

¶ They're professional. Rugs have a dignity that distinguishes your office from a business office. They put patients in the right frame of mind to relax.

If you're considering carpet-

THE AUTHORS, a New York City team of interior and industrial designers, are members of the American Institute of Decorators and of the National Society of Interior Designers.

# manages chronic/recurrent g.u. infections better

When other agents fail because of resistance or sensitization. Mandelamine succeeds. Its effect is confined solely to the urinary tract, for direct bacteriostatic and bactericidal action at the site of infection. Mandelamine is truly antibacterial, not antibiotic, and is effective against the common urinary tract

pathogens, particularly those of a chronic or antibiotic-resistant nature.

posage: Adults - average dosage is 2 Hafgrams four times daily. Children over 5-1 Hafgram, four times daily. Children under 5-1 teaspoonful Mandelamine Suspension four times daily.

supplied: Hafgrams® (0.5 Gm. tablets) in bottles of 100, 500 and 1,000; 0.25 Gm. tablets in bottles of 120, 500 and 1,000; also pleasantly flavored Mandelamine Suspension for children in 4 and 16 fl. oz. bottles. Each 5 cc. teaspoonful contains 250 mg. methenamine mandelate. worms PLAINS N.



resistance-free...nonsensitizing...low cost therapy

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This is Panalba

The Upjohn Company

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performance pneumonia

... into a mixed culture of the three organisms commonly involved in pneumonia . . . K. pneumoniae, Diplococcus pneumoniae, and Staphylococcus aureus (in this case a resistant strain) . . . we introduce the five most frequently used antibiotics.

Twenty-four hours later (in this greatly enlarged photograph), note that only one of the five leading antibiotics has stopped all the organisms, including the resistant staph! This is Panalba.

In your next pneumonia patient . . . in all your patients with potentiallyserious infections . . . provide this extra protection with your prescription for

# analba\*

(Panmycin\* Phosphate plus Albamycin\*) The broad-spectrum antibiotic of first resort

Dosage - 1 or 2 capsules 3 or 4 times a day. Supplied-Capsules containing Panmycin phosphate equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin as novobiocin sodium, in bottles of 16 and 100. Now available: new Panalba Half-Strength Capsules in

bottles of 16 and 100.



ing, the chart below will help you. So will the following tips:

- 1. Get wall-to-wall carpeting. Smaller rugs cause stumbling and skids that leave you open to accident claims. Besides, completely covered floors make a room look larger—never a bad idea for waiting rooms.
- 2. Pick patterns for easy maintenance. Tweeds and geometric or floral designs are the least likely to show soiling and wear. If you like solid-colored rugs, then choose one with embossed or raised figures woven into its surface.
  - 3. Be plush. "The thicker, the

## WHAT FIBER FOR YOUR OFFICE CARPET?

	Minimum			Resistar	ice to
Fiber	Price per Square Yard <sup>2</sup>	Durability	Resiliency	Seil	Flame
Wool-Nylon Blend	\$15.95	Excellent	Excellent	Excellent	Excellent
100% Nylon	10.95	Excellent	Very good	Very good in dark and dull colors; avoid light colors	Excellent
100% Acrilan	10.95	Good	Very good	Excellent	Excellent
100% Weel	12.95	Good	Excellent	Excellent	Excellent
Wool-Nylon- Rayon 3lend		Very good	Good	Excellent	Very good
100% Rayon	8.95	Good	Fair	Excellent	Good
100% Cotton	8.95	Excellent	Poor; tends to crush	Good if silicone-finished	Good

'The fibers the authors recommend for use in doctors' offices are listed in order of preference. Synthetic fibers are considered especially good because they're allergy-free. "Prices quoted are the lowest for suitable quality, not necessarily the lowest obtainable. They don't include charges for installation or for underlayment.

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ANEMIA? how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis... and check the effectiveness of progressive treatments.



**AO Hb METER!** You or your nurse can make hemoglobin determinations in less time than it takes to make an oral temperature reading. Pocket size...use it at hospital, office or bedside. Used by doctors over four million times last year. Ask your Surgical Supply dealer for a demonstration or write:

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better" is the rule to follow for long wear, crush resistance, and soil resistance.

What counts in this respect is "pile," the total amount of yarn used in the carpet. Pile is measured by the number of fibers twisted and knotted into each square inch. For office use, you'll need a minimum of 16 to 18 knots per square inch. You'd do better to get 20 to 22 knots per square inch.

#### What to Put Under It

4. Get a good underlay. A rug pad underneath will keep your

carpet from slipping and protect it from the pressures of furniture and traffic. The underlay will cost from \$1.80 to \$2.95 per square yard, depending on the kind you buy.

#### You Can't Beat Rubber

A preferred type of rug pad for a medical office is allergy-free sponge rubber. It's also proof against moths, beetles, mildew, and mold. Another type is hair and fiber. These should have a mothproofed label. And make sure the edges are bound to prevent fraying.



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to 3 times higher B<sub>12</sub> levels to 4 times longer B<sub>12</sub> duration than with aqueous injectables plus excellent tissue tolerance low cost-exceptional stability

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CEO. A. BREON & CO., New York 18, N. V.

TRENCES: 1. Sobell, S.D., and Arnold A.: Prolonged Elevated Serum Levels of Vitamin Bas Following Its Intramuscular Injection as a Depot motion the be published). 2. Arnold, A.; Berberian, D. A., & Sobell, S. D.; Am. Pract. & Digest Treat. 9:1835, 1958.

MEDICAL ECONOMICS · OCTOBER 12, 1959 243

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# MUTUAL FUNDS WILL DO IT FOR YOU CHEAPER!

'Forget the orthodox ways to save for college bills, to aid a relative, or to make a gift,' counsels this expert. 'Give the job to mutual funds. You'll be thousands of dollars ahead'

By William J. Casey, LL.B.

What's your family's biggest long-range financial problem? Is it forthcoming college bills? Have you a relative to support? Or is it building up an estate for your children?

There's more than one way to solve such problems and to save taxes while you're doing it. But I'd like to show you why mutual fund shares may be the best tool for you to use. They're the one form of property that a doctor can put into a trust or transfer to someone else without later worrying about it. He knows that the

mutual fund won't require any supervision from him.

You have less peace of mind if you rely on other kinds of assets to finance the arrangements we're talking about. Individual common stocks can—and do—take nosedives. Real estate's value may be cut in half by new highways or neighborhood changes. There are risks with a mutual fund, too; but they're cushioned.

A good mutual fund spreads your risks. It invests your money in a diversified portfolio. And its

THE AUTHOR is chairman of the board of editors of the Institute for Business Planning in New York City. Among his books is "Mutual Funds and How to Use Thom."

### PROVEN EFFECTIVE FOR THE TENSE AND NERVOUS PATIENT



\*\*There is perhaps no other drug introduced in recent years which has had such a broad spectrum of clinical application as has meprobamate.\* As a tranquilizer, without an autonomic component in its action, and with a minimum of side effects, meprobamate has met a clinical need in anxiety states and many organic diseases with a tension component.\*

Krantz, J. C., Jr.: The restless patient – A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

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BREAKTHROUGH IN THE TREATMENT

OF RINGWORM INFECTIONS

# GRIFULVIN

ORALLY EFFECTIVE IN FUNGOUS INFECTIONS OF SKIN, HAIR, AND NAILS

DRAMATIC IMPROVEMENT IN TRADITIONALLY REFRACTORY RINGWORM INFECTIONS



Tines of the toenail. 31.7 years' duration—after 4 months of treatment with Garacons. Infecting organism. Trichephyten rubrum.



Same patient after 6 months of treatment with Garrucvin. Into tion has cleared; healthy nail growth is almost complete.

McNEIL

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They corporis usually clears in 2 to 1 weeks; itching stops in 3 to 5 days

Tinea pedis improves in 1 to 2 weeks; complete clearing may require 3 to 6 weeks

Hinea capitis improves in 2 to 3 weeks; is usually cured in 3 to 5 weeks

(i)nychomycosis (tinea of the nails) fingernails clear in 3 to 4 months; new normal powth is seen earlier; toenails require longer treatment

10ral GRIEULVIN appears to have a very low level of toxicity

valure on details of administration and desage is available upon request.

splied: 250 mg, scored, aquamarine tablets, imprinted McNett, bottles of 16 and 100.

[Stark, H., and Roth, E.L., A.M.A. Arch. Dermat. 79: 259 (March) 1989. (2) Williams, D. L., Marten, R. H., and Sarkany, I. (2) 23:221 (Dec. 6) 1989. (3) Galifford, N., and Resemblal, S. A., Current M. Digest 76: 67 (April 1959, 1969), A.M., Canad, M.A.L. 39:056 (April 15) 1959.



of 9 years' duration. Inorganism, Trichophyton





M.D., Miami, Fla. The

management constantly reviews and changes the portfolio as business conditions change. So you can be reasonably hopeful that your capital will grow while it produces steady income.

How much income can you count on? As with the income from most investments, there will probably be ups and downs. Going by recent mutual fund earn-

ings, however, it seems reasonable to expect a 5 per cent annual return on your money over the long haul. Now add to that the tax money you can save when you put mutual fund shares in trust, or when you transfer them to your children. You'll be surprised to see how far ahead such a combination can put you and your family.

\*\*More\*\*



"Something Pasteur missed?"

highlights of a nationwide survey

A REPORT
ON THE TREATMENT IN PRIVATE PRACTICE
OF 2,274 PATIENTS
WITH ALLERGIC DISORDERS

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### RESULTS OF ANERGEX THERAPY BY 202 PHYSICIANS IN PRIVATE PRACTICE

disease classification	no. of patients treated	excellent	good	fair	not
allergic rhinitis:					
perennial	492	196	176	67	53
spring	209	80	85	31	13
fall	248	87	114	35	12
spring & fall	198	73	77	19	29
		779	6		
extrinsic asthma	492	175	178	68	71
		729	6		
eczema	260	119	71	42	28
		73%	6		
food allergy	173	85	42	13	33
		73%			31
contact dermatitis	157	54	62	23	18
		73%			
other	45	17	15	1	12
		71%			
total patients treated	2274	886	820	299	269
		75	%		

These results were obtained following a single short course of injections.

Compiled from questionnaires sent to practicing physicians in communities of various sizes throughout the country, who were asked to indicate the number of patients they had treated, and to classify the results as Excellent, Good, Fair or Unimproved.

250 MEDICAL ECONOMICS · OCTOBER 12, 1959

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### Many physicians not only supplied the bare statistics but added comments such as:

"In cases with good results—they were spectacular—in others not good efinite." (California)

"Not impressed." (5 patients) (Louisiana)

"I find it to be a wonderful drug." (Indiana)

"Has been a very useful medication especially in infants where multiple testing is impossible." (Ohio)

"We seem to notice greater degree of success in younger patients. No response to treatment in dermatitis cases." (Illinois)

"Three cases of eczema under the age of 3 years, all were controlled on Anergex." (Wisconsin)

"I have thus far had nothing but excellent results except one failure in contact dermatitis." (Ohio)

"Both patients who displayed good results in rhinitis had been given desensitizing injections preseasonally." (Pennsylvania)

"All of these patients had previously shown poor results on cortisone, antihistamines and desensitization." (Illinois)

"We have used it for two years. One of the excellent results (asthma) was on myself." (Pennsylvania)

"No benefit." (2 patients) (Michigan)

"Results impressive." (Iowa)

"Good results in Hay Fever-from children to elderly group." (Iowa)

"We are really happy with this product." (Washington)

ns.

8

## THE NEW CONCEPT FOR THE TREATMENT OF ALLERGIC DISEASES

ANERGEX minimizes or abolishes allergic reactions with a single short course of daily injections for 6-8 days.

ANERGEX is non-specific; it provides relief regardless of the offending allergen or the symptoms present.

ANERGEX provides prolonged protection. The non-reactive state, or anergy, is usually maintained for months; this can be prolonged by occasional booster doses.

### ANERGEX\*

the new injectable for inhibiting the allergic response

what it is: A specially prepared extract of Toxicodendron quercifolium which has a non-specific action and inhibits a wide variety of allergic responses.

dose: Adults, 1 ml. intramuscularly daily for 6-8 days during exposure to the offending allergens.

advantages: Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. No systemic reactions have been reported.

uses: Seasonal allergic rhinitis—hay fever, rose fever, pollinosis.
Non-seasonal allergic rhinitis—dust, dander, molds and other inhalants.
Extrinsic asthma—foods, inhalants, dust, dander, pollen.

Asthmatic bronchitis—so common in children. Eczema—especially in infants and children.

Food sensitivity—manifested by indigestion, nausea, vomiting, diarrhecezema, asthma, or rhinitis.

available: Multiple-dose vials containing 8 ml.—one average treatment course

#### REPRINTS AND LITERATURE AVAILABLE

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Which mutual fund to pick is up to you and your investment adviser. You'll also want to consult your attorney about the details of how to put your shares in trust, etc. But the four examples that follow may well open your eyes to some of the money-saving possibilities.

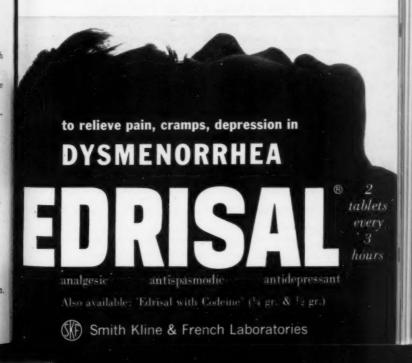
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Dr. Green uses mutual funds to finance a college education for his son.

College costs have doubled in the last fifteen years. They seem likely to double again in the next fifteen. If your child is to start college in 1970, it will take from \$10,000 to \$13,000 to see him through.

Here's where mutual funds come in. They assure the doctor that his child's college funds will be hedged against inflation over the years. He can figure, too, that they'll grow as the country's economy grows. What's more, tax savings and plowed-back earnings will make a relatively small initial investment snowball.

Let's see how solidly this pays off. Dr. Green has a 5-year-old boy who will be ready for college in 1970. The doctor wants to provide the money for tuition



and other expenses now. Here's how he can do it with only \$5,000:

He makes an arrangement with a mutual fund to turn over shares to his son.\* The income on the shares is the boy's and it's tax-exempt up to \$600 per year. That's real money ahead, because the doctor is in the 38 per cent tax bracket. If he were to hold the capital in his own name, he'd lose a big slice of each year's income to the Government.

The table below shows how Dr. Green's college fund works out. And it shows what would happen to the same college money if the doctor kept it in his own name in a savings and loan account.

Dr. Brown uses mutual funds to support a relative.

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Instead of using current in-

\*Gifts to family members, up to certain limits, are exempt from the Federal gift tax. But a doctor who has already used up all his current gift-tax exemption might face a gift tax if he made lump-sum transfers to family members as described in this article. However, he can legally avoid this tax by spreading such a transfer over several years.

### **HOW TO BUILD A COLLEGE FUND FAST**

A doctor has \$5,000 that he wants to build into a fund for his son's college expenses. It has eleven years to grow. Here's how much faster it grows if he invests it in mutual funds in his son's name than if he simply keeps it in a savings and loan account in his name:

	If Held by Doctor in a Savings and Loan Account	To Son As Mutual
Capital invested	\$5,000	\$ 5,000
Annual income'	200	250
Annual tax	76	0
With income reinvested, fund gro	ws	
in 11 years to:	6,557	8,553
Plus this capital gain <sup>3</sup>	0	1,915
Total value in 1970	\$6,557	\$10,468

<sup>1</sup>Assuming 4 per cent for the savings and loan account, 5 per cent for the mutual fund. 2Assuming expansion in capital's value at the economy's growth rate of 3 per cent a vear.

# SYMPTOMATIC RELIEF ... AND FAST

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## **DRIP AND STUFFINESS**

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**COMMON COLD** 

# 'FEDRAZIL'

**Sugar-coated Tablets** 

... contain an orally effective nasal decongestant combined with a good antihistamine

Dose: 2 tablets initially, then one every 3 or 4 hours as needed

Each sugar-coated tablet contains:

- 'Sudafed' brand Pseudoephedrine Hydrochloride . . . 30 mg.
- 'Perazil' brand Chlorcyclizine Hydrochloride . . . . . . 25 mg.



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MEDICAL ECONOMICS · OCTOBER 12, 1959 255

# Only **Deprol** provides COMPREHENSIVE TREATMENT

at three levels

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1 hypothalamus

2 thalamus and limbic system

3 spinal cord

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### FOR DEPRESSION

### AND ASSOCIATED ANXIETY AND PHYSICAL TENSION

Manifestations of anxiety are so frequent as to be almost universal in depression..

Bonelly, J.: Depression and its clinical manifestations. Connecticut M. J. 18:203, March 1954.

#### RELIEVES DEPRESSION

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by improving mood and outlook without excessive stimulation or rbound depression. Relieves symptoms such as crying, lethargy, loss d'appetite, insomnia.

### RELIEVES ASSOCIATED ANXIETY

by reducing exaggerated reaction at the seat of emotions. Does not depress cortical activity. Does not impair mental efficiency or normal and behavior. No risk of drug-induced depression.

#### RELIEVES ASSOCIATED PHYSICAL TENSION

by relaxing skeletal muscle. Aids restful sleep and reduces likelihood of suptom formation. Does not impair motor control.

- Confirmed efficacy
- · Documented safety
- · Simple q.i.d. dosage

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benactyzine+ meprobamate

Supplied: Bottles of 50 light-pink, scored table is Composition: Each tablet contains 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamass.

WALLACE LABORATORIES, New Brunswick, N. J.

CD-9221

come to support his mother, Dr. Brown has arranged things so that she gets the income from \$25,000 in mutual fund shares. This is taxed at a lower rate than if it were first paid to him. Yet he retains full rights to the principal.

The device he's using is known as a reversionary trust—one in which the principal can't be returned to him for at least ten years, or on his mother's death. Meanwhile, she is the sole beneficiary. The mutual funds pro-

vide her with steady income. And Dr. Brown will get his shares back eventually at an enhanced value, if past experience is any guide.

Suppose the doctor had elected to keep the mutual funds in his own name and to turn over their annual income, after taxes, to his mother. First he'd have to pay a \$475 income tax on the funds' \$1,250 annual income. So he'd have only \$775 a year left to give her.

Instead, under his arrange-

### HOW TO GIVE LATER AND CUT TAXES NOW

A doctor has an adjusted gross income of \$25,000.\* He wills \$15,000 in mutual fund shares to his medical school—reserving the income on it for his and his wife's lifetimes. Here's how his tax picture works out:

	If He Makes No Charitable Contribution	Contributes \$15,000 Under A Reserved Income Trust
Adjusted gross income*	\$25,000	\$25,000
Taxable income after deductions and exemptions	19,100	19,100
claiming the allowed \$7,200 of \$15,000 gift		11,900
Income taxes	4,974	2,694
Tax saving on his gift	–	\$ 2,820

<sup>\*</sup>Professional net plus outside income. You can claim gift deductions in any one year of a value up to 30 per cent of this adjusted gross income.

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scribe Elixir



## Dimetane works!

Whatever the allergic symptom, Dimetane provides unexcelled antihistaminic potency and minimal side effects. Dimetane works in certain cases where other antihistamines fail. For your next case of pruritus or urticaria prescribe Dimetane Extentabs® (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.), new Dimetane-Ten Injectable (10 mg./cc.) or new Dimetane-100 Injectable (100 mg./cc.). A.H. Robins Co., Inc., Richmond 20, Virginia Ethical Pharmaceuticals of Merit Since 1878

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ment, his mother receives the \$1,250 yearly income directly from the trust. So she pays only \$107 tax on it. Result: Her net income is \$1.143-\$368 more than the doctor could have provided by keeping the mutual fund in his own name.

There's one caution: The law wouldn't let the doctor set up this tax-saving trust for his mother if he had a legal obligation to support her anyway. He'd have that obligation in some states if she were destitute.

But even if she has some income of her own-say, for instance, \$650 a year-there's still a tidy saving. Her total income tax will be a couple of hundred dollars less than Dr.

Brown would have to pay on the funds' annual yield.

Dr. Black uses mutual funds to give to a good cause. He retains the income from the funds for himself, and gets credit for the gift on his income tax return.

Let's say you'd like to will some of your property to a college, church, or charity. You can do this, retain the property's income for your lifetime, and by the same move reduce your current income tax. Here's the way it works for Dr. Black:

He plans to leave \$15,000 to the medical school he graduated from and now teaches at. He has set up a trust to hold the money in mutual-fund shares, with the school as the beneficiary. But he

### HOW TO SAVE BY GIVING TO CHILDREN

A doctor decides to transfer \$60,000 in mutual-fund shares to his three children. Here's how the tax saving is figured:

	If the Doctor Holds the Shares Himself	T	e Conveys hem to Children
Total value	\$60,000	56	50,000
Income from mutual funds @ 5	% 3,000		3,000
Average income per child			1,000
Tax to parent	1,140		_
Tax to children (\$60 each)			180
Family's tax savings	–	\$	960

or re RX D Elixi mg./ A. H. Ethi

# allergic MELLING

# Dimetane works

For your next patient with allergic swelling, itching or respiratory congestion associated with urticaria, RX DIMETANE Extentabs\* (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.) new DIMETANE-TEN Injectable (10 mg./cc.) or new DIMETANE-100 Injectable (100 mg./cc.). A. H. Robins Co., Inc., Richmond 20, Virginia Ethical Pharmaceuticals of Merit Since 1878

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"...promotes granulation more rapidly ...than any other topical preparation we have used."\*

\*Diamend, O. K.: A Practical, Effective Treatment for Surface Ulcers in Institutional Practice. New York J. Med. 59:1792 (May 1) 1959.



THENT (bread of r-saluble chloro- 1 derivatives)	1			7
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CHLOR	ESIUM O	clinical intment and ulce	for use	
Name			M	.D.
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#### MUTUAL FUNDS

has reserved for his wife and himself the right to receive the trust income during their lifetimes.

Meanwhile, he gets a deduction from his income tax for the gift. Not for the entire amount, but for a big slice of it.

How big a slice? That varies with age. For a man of Dr. Black's age—50—the Government permits deduction of only \$48 out of every \$100 of gift. Here are examples of the deductions allowed by the I.R.S. at various ages. They apply to all gifts of this sort, where you reserve the income on the gift for yourself for life:

Giver's Age	Tax-Deductible Portion of Gift
40	37%
45	42
50	48
55	54
60	60
65	67
70	73

Even with only partial tax credit for the gift, substantial tax savings are still possible. The 50-year-old Dr. Black deposits \$15,000 in the trust, and he can deduct \$7,200 (48 per cent of it) on his income tax return. The box on page 258 shows the tax savings Dr. Black will make immediately, in exchange for giving

gift



his school the right to \$15,000 after his death.

### Dr. White uses mutual funds to transfer assets to his family.

At some time or other, it occurs to every doctor that it would reduce the family's total tax if he transferred income-producing assets to his children. For one thing, the children's income would be tax-exempt—if under \$600—or taxed at the lowest rate. For another, transferred assets escape all estate taxes.

The problem has always been to find investments that will keep yielding income, without time-consuming management, after the doctor has transferred the property to the minors' accounts. Mutual funds solve that problem.

Dr. White had \$60,000 in property and was paying a 38 per cent tax on its yearly income. He decided to convert the property to mutual fund shares, then to give them to his three children.

As a result of these gifts, the White family saves nearly \$1,-000 in taxes every year. Of course, the doctor can't simply reclaim his gifts. If he did that, he'd be expected to pay up all the taxes he has saved. Nor can he use the money for such of his children's expenses that a parent is normally expected to provide. But he can manage the property as he chooses to in his capacity as custodian.

The box on page 260 shows how the family's yearly savings work out.

## A Il set

A bosomy matron was ushered into an X-ray department dressing room to disrobe for fluoroscopy. Then she requested that her daughter, waiting in the reception room, be asked to come keep her company.

A moment later, the staff radiologist came down the corridor. Hearing the footsteps, the matron hissed from inside the curtains, "Psst! In here, honey!" Then, bare-breasted, she parted the curtains—and found herself confronting a most wide-eyed doctor.

—RALPH B. BERGERON, M.D.

# TYLOCAINE LOCAL & LOPICAL AND STREET

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permit cleaning and suturing of wounds with patient comfort in a emergency or in the office. Fast acting — Safe — Dependable.

**Duresitis:** Xylocaine HCl Solution injected into the paint area will diffuse around the bursae relieving pain promptly — ofta restoring normal freedom of motion. Prolonged anesthesia often payents recurring pain.

therapeutic block: Xylocaine HCl Soluti interrupts the underlying mechanism of pain, with relief often persisting even after the block has disappeared. It is of value in assisting motions manipulation; for severe, intractable pain conditions; and in allowing patient comfort for other procedures.

fuse over a wide operative field, permitting pain-free removal of want cysts, moles, etc., and giving safe, effective, and predictable anesthes for patient comfort.

Supplied: Multiple dose vials, 20 cc. and 50 cc.; 0.5%, 1% and 29 without and with epinephrine 1:100,000. Ampules, 2 cc.; 2% without and with epinephrine 1:100,000.

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# Portrait of a PRACTICE UNDER STATE MEDICINE

These two British G.P.s are responsible for 4,230 patients.

Here's what this means in terms of work and pay

By Horace Cotton

Grangemouth, in Britain, is a growing town of 18,000 inhabitants. Hundreds of American towns are like it. So a report by two general practitioners on medical life in Grangemouth today should interest many U.S. doctors who wonder what their lives might be like if we had a national health insurance system along the lines of Britain's eleven-year-old N.H.S.

Drs. Alistair Mair and George B. Mair of Grangemouth told their story in a fact-filled, unemotional memorandum that appeared recently in the British Medical Journal Supplement. It portrays five years of what Americans call socialized medicine. It's a revealing document. Perhaps the two most revealing sentences in it are those with which they end their account:

"We must point out that we are fortunate in having additional income from other sources. Were it not so, the practice of medicine as indicated in this memorandum would not, realistically, be possible."

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THE AUTHOR, a professional management consultant, is development counsel for Black & Skaggs Associates, Battle Creek, Mich., parent organization of the PM group of professional management firms.

## 1960 DAILY LOG



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### STATE MEDICINE

earn from their combined practice? In American money equivalents, they've netted an average of \$4,415.60 apiece per year over the five-year period. That's before taxes.

They've earned this by accepting complete responsibility for the general medical care of the 4,230 patients now on their list.\* They've built up their earnings by building up their list. On Jan. 1, 1954, when they took over their Grangemouth practice, they had a list of only 2,946 patients.

That first year, the two doctors' office visits and house calls totaled 16,739. By 1958, this figure had risen to an annual total of 25,268. They didn't merely see more people. They saw more people more often.

#### 50-Cent Fees

Because of this, their pay per unit of service has actually been going down. Over the entire fiveyear stretch, their remuneration per house call or office visit has averaged 50 cents in American money. But for the year 1958, it averaged 40 cents.

How many hours a week do they work? Each doctor has averaged 51½ hours a week actual working time. Another 31½

\*Their responsibility stops at the hospital door, however. British G.P.s don't normally have hospital privileges.

### Cremosuxidine,

SULFASURIDINE, SUSPENSION WITH RADLIN AND PECTIN

Cremosuxidine consolidates fluid stools, reduces enteric bacteria, detoxifies putrefactive material, and soothes the irritated intestinal mucosa. Chocolate-mint flavored... readily accepted by patients of all ages.

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You design your form in rough pencil sketch — we refine it to a finished product.

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#### STATE MEDICINE

hours a week, he's been on call for emergencies.

A typical working day for the Drs. Mair consists of 6½ hours seeing patients at the office, 3¼ hours doing house calls, and 1½ hours of paper work. Each doctor has averaged 7.22 patients per hour in the office and 4 house calls per hour when outside. The doctors comment:

"We are well aware that the number of cases visited per hour and the number seen in our [offices] per hour are lower than figures available from . . . colleagues. [These] colleagues are apt to say that they deal with 20 or more per hour quite easily. In our view, this is absolutely incompatible with good work . . [It] approximates the sausagemachine or conveyor-belt mass-production of factories."

The Mairs have drawn someinteresting conclusions from their experience under state medicine. Among them:

### **Patients Are Insatiable**

¶ "Whatever facility we offered was immediately seized upon by our patients . . . The more we offered them, the more they asked . . . A vicious circle [has been] established which annually costs the taxpayer more and more, and which annually im-

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Iron



Her fashion may be impeccable, but her brittle, ridged fingernalis may suggest incipient iron deficiency anemia... and a therapeutic course of one of the Lederle retemptions. The advantages of these formulations in any type or phase of treatable anemias—marginal, mild, or severe—include (1) less g.i. distress and greater efficiency of the new form of iron, ferrous fumarate; (2) the unique action of AUTRINIC Intrinsic Factor Concentrate, permitting consistently higher B<sub>12</sub> uptake.

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1955	3,251	1,908	15,590	3,941
1956	3,566	2,087	16,113	4,540
1957	3,923	2,434	24,759	4,320
1958	4,230	2.540	25.268	5.751

Before taxes.

Source: Drs. Alistair Mair and George B. Mair, Grangemouth, England. See accompanying text for details.

poses more and more demands upon doctors . . ."

¶ "A large number of persons [come in] for advice on the conduct of affairs which only impinge on the functional aspects of medicine . . . This trend could rise very sharply if it were given any more encouragement . . . It often seems to us that a man might make a fair income in private practice by simply . . . being willing to sit and listen to people unburdening themselves of grievances . .

¶ "A list of just under 2,000 patients [per doctor] is the maximum which can be handled with efficiency . . . With this list or thereabouts . . . our surgeries are lasting for upwards of 11/3 hours after the doors are closed . . ."

I "To maintain a turnover of even seven patients per hour in surgeries, the doctors must work at a speed, and under a degree of tension, which cannot be good for their own health . . . An 81/2minute average for state patients is far from ideal . . ."

The salary return is wholly inadequate, bearing in mind the outlay of years and money required to train doctors, the responsibilities which they must shoulder . . . and the sense of resentment which is fostered in their minds when they contemplate the earnings of various other groups of society." END

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### **COMPULSION:**

### 'The Only Way to Save Voluntary Health Insurance'

BY LOIS R. CHEVALIER

Compulsory health insurance may be just over the horizon for doctors and their patients in New York State.

Nelson Rockefeller caused a stir during his campaign for the Governorship by proposing that major medical coverage be compulsory for employed persons. The Governor's task force is now at work on a bill to be introduced in the State Legislature early in 1960. But that proposal is only the top of the iceberg.

Before Rockefeller had become more than a gleam in the G.O.P.'s eye, a hard-hitting young Republican, State Senator George R. Metcalf, was beginning to make a name for himself as a health insurance specialist in the Legislature. As chairman of New York's Joint Legislative Committee on Health Insurance Plans, Senator Metcalf is a power to be reckoned with.

And he has long advocated an unorthodox program of compulsion. His theory: Private insurance must be forced to do a better job in order to keep Uncle Sam ture.

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"It's a we're now.



N. Y. State Senator George R. Metcalf advocates forcing health insurers to offer better coverage—and forcing citizens to buy it

Sam from stepping into the picture.

George Metcalf may be more than just a key figure in his own state. It's quite possible that he may soon become a key figure nationally in the field of medical economics. That's why I recently arranged an interview with him in his home town of Auburn, N.Y.

"Glad to talk about health insurance," he said when I arrived. "It's a good time to do it. I think we're at the crossroads right now. Either people are going to get broader health coverage, or we're going to back ourselves into some form of state insurance. It could be a contributory program, such as the Forand bill provides. Or it might be a system like the English one, where most of the money comes out of general taxation."

"Why do you think we're at the crossroads now?" I asked.

"Because health insurance is paying only one-fifth to onethird of the nation's medical bill. People aren't satisfied."

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National Association for Mental Health

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#### HEALTH INSURANCE

aren't?" I persisted. "Not everyone expects insurance to cover every possible calamity. A certain number of uninsured houses burn down every year. Yet there's no pressure for compulsory fire insurance."

Senator Metcalf smiled. "Not many houses burn down," he said. "But almost everybody gets sick sooner or later. I think the pressure for the Forand bill is evidence that people are dissatisfied with their health insurance.

### 'It's Not Inclusive Enough'

"I was in England a few months ago. What impressed me there was that everyone is covered. Granted, they may not all be getting as high-grade medical care as some Americans do. But they're all getting care. In contrast, our own system of voluntary health insurance simply isn't inclusive enough. If it's to survive, it must become far more inclusive.

"And I want it to survive! I think it's more efficient than the British system. Why? Because we have a bunch of people working under private enterprise."

"But you're the man who's been talking about making health insurance compulsory." I put in.

More



#### HEALTH INSURANCE

"Yes, that's perfectly true. I want to require people to have private, voluntary health insurance. They could choose their own insurance carriers and their own physicians. But they'd have to have insurance. Here's why I think this degree of compulsion is necessary:

"Health services cost the average American family \$278 a year. If every family put that much money into insurance, there'd be an ample fund to provide complete coverage for everybody. Then nobody would have to dig into his pocket to try to pay bills that are an impossible burden.

"But people aren't yet attuned to doing it that way. All the pressure is directed at keeping down insurance costswhich means that we still don't understand the purpose of health insurance: It's simply a more efficient way to handle a general financial problem.

"If private enterprise can't handle the problem efficiently,



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#### HEALTH INSURANCE

it's a matter of time before we back into something like what other countries have. I think we're in a race with time; and we can't afford to wait till everybody sees the need to sacrifice a little of his own autonomy in order to save his basic freedom."

"Exactly what would you make compulsory?" I asked.

#### The Boss Would Pay

"My committee is preparing a bill for introduction to the New York State Legislature. Our bill would require employers to provide basic health coverage for employes and their dependents—so many days of hospitalization, plus a certain amount for medical bills. The employer could pay either the whole premium or part of it."

"What do you mean by 'a certain amount for medical bills?"

"Something like a Blue Shield schedule," Senator Metcalf answered.

"Doesn't your plan conflict with the one Governor Rockefeller has proposed—to make major medical coverage compulsory on a similar basis?" More



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State.

#### HEALTH INSURANCE

"There are special problems with major medical contracts," the Senator replied. "I suspect that if we don't have some basic coverage to work with, the cost of major medical might run away with us."

Disregarding the political niceties, I asked him which compulsory health insurance program was more likely to succeed, his or Rockefeller's. He answered the question without protest:

#### Look for a Compromise

"The final program will probably combine basic and major medical coverage. In other words, I think there'll be a compromise. I'm not opposed to some deductible features, because I think that's the only way

we'll be able to keep the costs down."

"Are there any other phases of health insurance for which you'd prescribe a little compulsion?" I asked.

#### No Rise in Premiums

"Yes," Senator Metcalf answered. "In New York, we now require insurance companies to offer policies that can be converted from group to individual coverage when a worker leaves the job. But we don't yet require employers to give their employes such policies. I believe we should. And my committee's bill will require that the premium cost for a person who retires or converts out of a group for any other reason remain what it was when he was in the group."

"But people over 65 are said to cost the insurance companies two and a half times as much in benefits," I objected.

The Senator nodded. "That's quite possible. But if you add one cent an hour to the premium of younger employes, you can create a fund that will provide for the higher costs of the elderly."

"Can you sell the 20-year-old the idea of paying an extra \$2 a

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month now so that he'll be covered when he retires?"

"You couldn't possibly sell it to the youngsters," the Senator admitted. "That's just one of the things you have to mandate for the good of the community. It takes a little compulsion to make freedom work."

"Senator Metcalf," I asked, "how do New York doctors respond to your philosophy?"

George Metcalf grinned. "When I first started out in the Legislature, doctors liked me because I helped sponsor a bill to permit the use of dogs and cats for animal research. But medical men, like insurance people, now seem to think I want to assign too large a role in medical matters to government. I'm not sure they understand the difference between creating a framework for successful free enterprise at the state level and letting the

whole private system be swallowed up at the Federal level."

He leaned forward and added: "I've talked with doctors a lot. I'm amazed to find out how little they know about health insurance. It's almost as if they'd rather not know much about it—as if they're interested in health insurance only as a mechanism for assuring their personal incomes."

"Well, isn't it natural for most people to think of their own interests first?"

"I understand the basic human drive to make a living," the Senator said. "But we have a right to expect something in addition to that from medical men, because of their historic place in society and their dedication to the public good."

He got to his feet, paced across his office, and looked out the window. "I wish doctors and

# Playing it safe

My nurse was taking a small boy's history. She asked the mother if he'd had polio shots. "No," she replied. "We didn't need the shots. We have polio insurance."

-R. G. BERGGREEN, M.D.

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Bradley, J. E., et al.: J. Pediat. 38:41, 1951.
 Tebrock, H. E., and Fisher, M. M.: M. Times
 2:271, 1854.
 Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1953.

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insurance people would quit trying to turn the clock back," he said thoughtfully.

"We have Workmen's Compensation, disability insurance, unemployment insurance, Social Security. But we don't yet have a really thorough program for taking care of medical needs. Doctors should realize that some such program is just as vital as unemployment insurance or Social Security—and that it's inevitable."

He turned to face me again.
"One way or another," he said
slowly, "the people are going to
get efficient health coverage. Our
only choice is this: What way
will they get it?"

# Short-Order Medicine Doesn't Pay!

BY WILLIAM MACDONALD, M.D.

It's funny how long we can talk about something that needs to be done—and still do nothing about it. This business, for instance, of treating patients as people rather than as mere walking syndromes.

We used to talk about it in medical school, which is now longer ago than this writer sees any need to dwell on. Doctors have probably been paying their respects to the subject ever since the beginnings of medicine as a science. Yet in all this lofty palaver, two simple, down-to-earth points have been curiously understressed:

Personalized service means better-satisfied patients. And in the long run, better-satisfied patients mean better-paying patients.

What I'm suggesting is that the extra time such services require is justified in both human and economic terms. If anyone needs proof of the first point, let him listen to this typical experience

reported by a well-known Virginia internist:

"I remember the first case where I decided really to take the time to consider the patient as an individual. She was a middle-aged woman who'd been suffering with headaches, insomnia, dizziness, weight loss, and bloating after meals. She'd been to several good men and had spent two weeks in a first-rate teaching hospital, all without benefit.

#### 30-Minute Diagnosis

"A half-hour's friendly talk turned up emotional troubles involving her husband and son-inlaw. She responded rapidly thereafter to mild sedation and a talking-through of her problems. It was the first time, she told me, that anyone had asked her anything about her family life."

Time spent this way is obviously more valuable than a whole series of fruitless shorter visits. But how can we *afford* to spend this extra time in cases that require it?

#### Charge for Your Time

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The answer is simple: Patients are usually entirely willing to pay for the extra time per visit. The most experienced men in this field report that they never hesitate, where no contraindication exists, to charge such people a bit more.

The big complaint of many Americans today is that they're getting short-order medicine—the kind that leaves them hungry for the type of service that old-time family physicians used to provide. It won't cost our profession a cent to silence this complaint. For patients know, perhaps better than many of us, that personalized service is worth more.



#### HYPERTENSION

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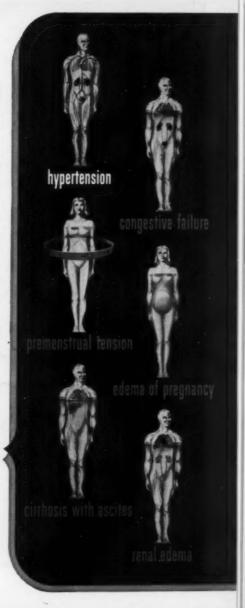
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This unique "self-regulating" property results in several advantages. Since sudden endometrial change doesn't occur, withdrawal bleeding rarely occurs. Complicated dosage adjustment is unnecessary. Finally, there are no "peak-and-valley" estrogenic effects. The result is a smooth, symptom-free adjustment to the postmenopausal state.

You can observe this unique effect in your patients. Simply prescribe two TACE 12 mg. capsules daily for 30 days. A severe case may require an additional 30-day course.



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### Secrets of a CHIROPRACTOR'S SUCCESS





man \$50,000 a year?

By Charles Miller, M.D.

Ay brother Henry always wanted to be a doctor, but he balked at the four years in college plus four years in medical school. Then he heard that chiropractic could be learned in a year or two, with no nonsense about entrance requirements. So when I told him what I'd heard about the fabulous local chiropractor Pounder, he was off to interview him and get some pointers.

Here's Henry's story as I got it from him later:

Pounder occupied a prosper-

ous-looking, two-story, white frame house. The broad lawns were well landscaped. A sleek new Buick poked its nose out of the driveway.

A card in the door said "Walk In"-and Henry did. The receptionist wore a crisp, white uniform but no nurse's cap. The waiting room was crowded. Every few minutes a buzzer rang and the receptionist motioned to one of the patients to enter the sanctum.

When it was Henry's turn, he walked into a large, rather bare

#### CHIROPRACTOR'S SUCCESS

treatment room. The practitioner was a trim, medium-built man, wearing a gray sharkskin suit and a quiet, checked tie. His ears were long and his flat nose suggested a caricature of an expugilist.

#### Not Much Equipment

The dominant piece of furniture in the room was the "highlow" table. A large chart of the human vertebral column decorated one wall. The desk was vast and neatly appointed.

Henry diffidently explained his mission. He hadn't realized

that the practitioner would be so busy or he wouldn't have barged in on him. But he was seriously interested in chiropractic as a career and knew that Pounder was the community's leading disciple of that practice. When could he come in again, he asked, and get some expert advice about the study and practice of chiropractic?

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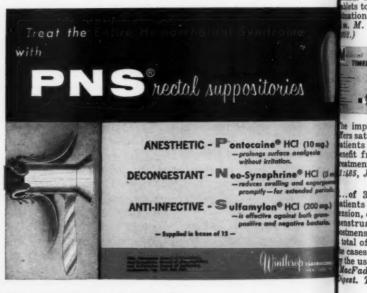
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Pounder waved Henry to a chair. "It's all right, son. Always glad to help a young man. Those patients can wait. They'll sit & Beller there till midnight if necessary. The relief they'll get will be as com



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#### QUESTION:

Thy is Bellergal an unusually fective adjunct in functional necologic disorders?

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#### ANSWERS:

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> "A more uniform and prolonged relief of tension [and other major complaints of functional gynecologic disorders] may now be obtained by use of Bellergal Spacetabs." (Stewart, R. H .:

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.. of 303 gynecologic atients [premenstrual ension, dysmenorrhea, enstrual irregularity, stmenstrual tension]... total of 90 per cent of te cases were benefited the use of this drug."



MacFadyen, B. V.: Am. Pract. & ligest. Treat. 2:1028, Dec. 1951.)

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worth a long wait. Just ask any one of them.

"Now tell me, son, what made you think of turning to chiropractic? Oh I know-you want to help sick people get well. That's what we do. And you don't want to put up with the medical trust. You don't want to use the human body as a pincushion with their injections for this and injections for that. You don't want to scratch people with extracts from sick cows or fuss around with serum from horses. That's the right attitude, son. I always like to see a young man with spirit like that."

#### Is It Profitable?

Henry pried a word in: "Can a man make a good living at this? I see you're very successful; but



can an ordinary fellow like me do it?"

"No, an ordinary man cannot do it. But a fellow like you with the right spirit—he'll do all right. Of course, you shouldn't go into chiropractic for the purpose of making a killing. Let the M.D.s do the killing, I always say. Get it?"

ant

#### 100 Patients Per Day

Henry asked how many patients a day he saw. "Oh, about a hundred," said Pounder. "I figure I can do eight or nine adjustments an hour. Some chiropractors allow only two or three minutes for a treatment, but that isn't fair to the patient. I give them time. Hardly ever take less than five minutes.

"Sometimes, if the subluxation is tough, I have to work on it for ten minutes before I get it reduced. Never let the patient off that table until you've got the subluxation back. That's my motto. Honesty is the best policy. I start at 9 in the morning and keep pounding until I get the last patient reduced. Sometimes I'm at it till midnight."

Henry then asked about his fees.

"My regular charge is \$2 for

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Schering

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†penetration—first oral fungistatic agent to permeate keratin from inside out—FULVICIN acts systemically on fungi in dermis, hair and nails

effectiveness—improves and clears tineas of scalp, body and feet in 2 to 3 weeks, of nails (onychomycosis) in 3 to 4 months, regardless of previous duration<sup>1-3</sup>

- ... rapid relief of itching
- ... rapid loss of hyperkeratosis
- ... rapid return of normal perspiration
- ...rapid disappearance of viable fungi from infected hair and nails

safety – well tolerated in therapeutic doses...the few side effects reported (gastric discomfort, diarrhea and headache) are mild and transient

For complete information about dosage, indications and precautions consult the Schering Statement of Directions

Packaging: Fulvicin Tablets, 250 mg., bottles of 30 and 100.

References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: Lancet 2:1212, 1958. (2) Blank, H., and Roth, E J., Jr.: A.M.A. Arch. Dermat. 79:259, 1959. (3) Goldfarb, N., and Rosenthal, S. A.: Current M. Digest 26:67, 1959. of
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SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY

"a fundamentally new therapeutic approach"



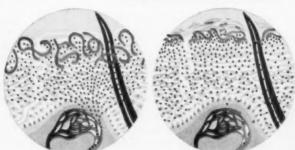
FIRST
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Pulsogenic fungi invade and proliferate in the stratum corneum (and also in keratinized part of nails and lair), where they are usually inaccessible to treatneat from the outside by topical antifungal agents, on with the aid of keratolytics. Following oral administration, FULVICIN is absorbed and incorporated in newly growing dermal cells. As these cells approach the surface and become keratinized, they retain sufficient amounts of FULVICIN to provide fungistasis. FULVICIN has also been identified in hair shafts in fungistatic concentrations.<sup>2</sup>

"CURLING FACTOR" INHIBITS FUNGAL GROWTH -PERMITS OUTGROWTH OF ... HEALTHY TISSUE.



Hyphal (filamental) tips of fungi are curled, conlorted and stunted by FULVICIN. Growth ceases, further penetration of keratin halts, and the fungal disease is arrested. Fungus immobilized by Fulvicin is cast off as keratin grows out and sloughs off. Healthy tissue replaces infected keratin of skin, hair or nails.

References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: Lancet 2:1212, 1958. (2) Gentles, J. C.; Banes, M. J., and Fantes, K. H.: Nature 183:256, 1959. (3) Brian, P. W.; Curtis, P. J., and Hemming, H. G.: R. Brii. Mycol. Soc. 29:173, 1946.

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\*T.M.

an adjustment or three for \$5. Some of the men in town issue cards good for twenty adjustments for \$30. But I don't approve. That's mass production. Individualizing the patient is the secret of my success."

Even my brother Henry, who is not very good at figures, was able to estimate Pounder's gross income: close to \$200 a day. Since he didn't work on Tuesdays or Sundays, his weekly gross must be about \$1,000.

#### Overhead Is Low

Office expenses were obviously negligible. Pounder used no instruments and no equipment except the table and a spinograph. The latter is a small X-ray machine that, chiropractors say, is especially constructed to take "chiropractically true" pictures of the spine. These films show the trained chiropractor exactly which vertebra has become subluxated.

I once told Henry that a doctor has to spend a half hour or so taking a history of a new patient. He wondered how Pounder could afford the time. But that's where chiropractic theory and the spinograph come to the rescue:

It appears that all diseases are due to impairment of the nerve force flowing to the separate organs. The impairment is due to pressure on the spinal nerves. The pressure is caused by subluxations.

#### No Questions Asked

So it is that the time needed to take a history is automatically reduced. For without asking a single question, the practitioner already knows the basic trouble is subluxation. The spinograph then locates the offending vertebra and treatment can begin at once. Nor need the chiropractor bother or embarrass the patient with intimate or impertinent questions.

What does it cost to set up an office? Pounder estimated that you could equip one for \$2,000. This would cover the high-low table and the spinograph, but not a neurocalometer. This is a gadget that demonstrates electronically just what nerves are impaired. The chiropractic brethren are not in agreement as to its value.

Pounder has been in practice about 25 years. In that time, he has worn out two tables. Even his third table is now showing M

with

Miltown®+ Supplied in

MILPREM -400 mg, Mil conjugated MILPREM -200 mg, Mi

Both potenti Literature a

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#### the menopause... transition without tears



## Milprem promptly relieves emotional distress with lasting control of physical symptoms

lown®+conjugated estrogens (equine)

ied in two potencies for dosage flexibility: ILPREM-400, each coated pink tablet contains 100 mg. Miltown (meprobamate) and 0.4 mg. njugated estrogens (equine).

MILPREM - 200, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens

oth potencies in bottles of 60.

Literature and samples on request.

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In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flushes and other physical symptoms,

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.



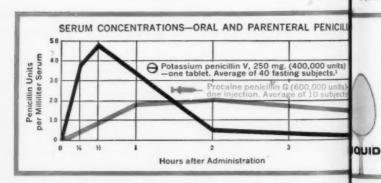
WALLACE LABORATORIES New Brunswick, N. J.

MEDICAL ECONOMICS · OCTOBER 12, 1959 301

## the speed of action you want the reliability you need

In recent studies involving 107 subjects, effective penicillin blood levels were *consistently* produced within 15 minutes after administration of oral potassium penicillin V. Peak levels were obtained within a half-hour. Even after two hours, effective penicillin blood levels still persisted in *every* subject. At four hours, demonstrable blood levels existed in 93 per cent of subjects. 1-2

PEN·VEE K may be prescribed for all infections responsive to oral penicillin ... and even many usually treated with parenteral pencillin



 Peck, F.B., Jr., and Griffith, R.S.: Antibiotics Annual 1957-1958, Medica Encyclopedia, Inc., p. 1004.
 Wright, W.W., and Welch, H.: Antibiotic Med 5:139 (Feb.) 1958.
 White, A.C., et al.: Antibiotics Annual 1955-1956 Medical Encyclopedia, Inc., p. 490.

302 MEDICAL ECONOMICS · OCTOBER 12, 1959

The antibiotic that is prescribed most often for common bacterial infections . . .

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In a form that produces high penicillin blood levels rapidly and reliably . . .

potassium penicillin V

In two dosage strengths and preparations to assure acceptance by patients...

# PEN·VEE® K

Liquid. Penicillin V Potassium for Oral Solution; Tablets: Penicillin V Potassium, Wyeth

flexibility of dosage form and high potency assure acceptability of full therapeutic dosage

SUPPLIED: Liquid: raspberry-flavored, 125 mg. (200,000 units) per 5-cc. teaspoonful; peach-flavored, 250 mg. (400,000 units) per 5-cc. teaspoonful. Supplied as vials of powder to make 40 cc. Tablets: 125 mg. (200,000 units) and 250 mg. (400,000 units) in vials of 36.



QUID

TABLETS



Philadelphia 1, Pa.

MEDICAL ECONOMICS · OCTOBER 12, 1989 303

#### CHIROPRACTOR'S SUCCESS

signs of fatigue, which—since it goes up and down about a hundred times a day—is not surprising.

Some chiropractors make house calls, but most of them don't like to. The kitchen table is not well suited to the usual manipulations. Pounder makes no house calls whatever; and with his \$50,000 a year income, he doesn't have to.

Asked whether M.D.s ever sent him patients who needed readjustment, Pounder bent over with an air of confidence:

"Between you and me, son, they sometimes do. Of course they won't admit it, because that A.M.A. trust holds a club over their heads. As a matter of fact, I know darn well that some M.D.s come to me for treatment themselves. Since they live in



fear of their own Gestapo, they give their occupation as something else. But I can tell from the scientific way they look at my equipment and from the kind of questions they ask that they are professional colleagues—even though I never let on.

"Kind of foolish of them, though, because if they'd come right out and admit it, I'd give them a substantial professional discount. Only fair—one doctor to another, you know. That's ethics. But if they want to conceal their profession, naturally I don't embarrass them by offering the discount."

#### He Needs No Shingle

One of the oddities of Pounder's office is the absence of a sign. He says he doesn't need one—everybody knows him. And from the traffic in his waiting room, this would appear to be true.

Unkind persons have sometimes alleged that the absence of a sign is insurance against prosecution for violation of the medical practice act. For in some states, one of the determinants of whether a healer holds himself out as a doctor is whether the sign is so inscribed. More

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# Something to remember about mouthwashes...

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There may come times in the course of your daily practice when you are asked to recommend a mouthwash—for a scratchy throat, for example, or a "furry" taste, or bad breath, or general oral hygiene.

If this question is asked, Doctor, you may suggest Listerine Antiseptic without any cautions whatsoever.

The Listerine formula, as you may know, is all but identical to that of liquor antisepticus, as listed in the National Formulary.

Listerine is not only effective, it is completely safe, even for small children. And Listerine Antiseptic is on hand and available in more U. S. homes than all other mouthwashes combined.

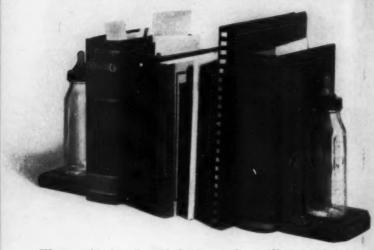
If you would like Listerine Antiseptic for home or office use, the special offer below might well be worth your consideration.

#### SPECIAL PROFESSIONAL OFFER-PROFESSIONAL GALLON SIZE \$2.50

Fill out the coupon below and send it in with your professional card and check or money order for \$2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

hall to: Professional Service Dept. (121) ambert Pharmacal Company Div., Morris Plains, N. J.						
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Address						

#### BACKGROUND FOR CONFIDENCE



The professional carbohydrate for milk modification

## **Dextri-Maltose**

Carbohydrate formula modifier, Mead Johnson

Cow's milk, water and carbohydrate—the one system of infant feeding that consistently, for over four decades—has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of clinical acceptance as Dextri-Maltose.

#### Dextri-Maltose is

- non-sweet... won't develop "sweet tooth"
- economical . . . costs only pennies a day
- easy-to-use... dry powder form is easy to measure accurately; dissolves readily



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Henry asked whether chiropractors ever refer patients to M.D.s. In spite of the way the physicians had treated him, Pounder was apparently big enough to hold no grudge:

#### He Approves of M.D.s

"Yes, I see some use for medicine doctors. They make good bonesetters if you have a fracture. I admit I called one in as a male midwife when my wife had her baby. As a matter of fact, I'd advise you to keep a couple of M.D.s as friends. They come in

handy for surgery and obstetrics."

So Henry went home to think it over. He knew that my gross income was about \$25,000, and he knew how many years I had to go to school and college and spend in hospital residency before I could earn a dime. He contrasted my \$25,000 with Pounder's \$50,000. I expect him to send for a chiropractic college catalogue any day now. But then, my brother Henry always did seem to be in need of readjustment.



# NEW

the promise of

# PERMITIL

Fluphenazine dihydrochloride

in everyday practice

safely control the "target symptoms" of emotional stress with the smallest effective closage (0.25 mg. b. i. d.) of any neuroleptic agent



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mg, b with Unlike agitate slower Furth duced thiazin wider prope Onset and less is reste \*neuroleptic - "The term 'neuroleptic' implies a specific effect of a pharmacologic agent on the nervous system. It refers to a mode of action on affective tension that distinguishes this response from that to hypnotic drugs. The terms 'ataraxics' and 'tranquilizers' are descriptively impressive, but fail to convey what seems psychopharmacologically unique."



the premise The choice of an agent to overcome the patient's particular "target symptoms" of emotional stress, without impairing alertness or productivity, or producing undesirable reactions, is often a difficult and haphazard task. Yet, one may be guided by the fact that there is a correlation between the dosage of a phenothiazine derivative and the frequency and the type of side effects causes, the less of the drug needed to achieve therapeutic results, the less likely are side effects. Thus, the lower the effective dosage of a phenothiazine derivative, the lower the incidence of unwanted side reactions and, conversely, the higher the level of therapeutic response.

Now, with PERMITIL, the physician may prescribe a neuroleptic anti-anxiety agent of extraordinary potency and effectiveness, at unprecedented low dosage, with minimal side effects—features that markedly distinguish this compound from other anti-anxiety agents.



the promise Extensive clinical studies have established important psychopharmacologic advantages for Permittl. The effective dosage of Permittl. (0.25 mg. b.i.d.) is the lowest safe dosage of any anti-anxiety agent. Side effects associated with dosage not exceeding 1 mg. per day have been uncommon and transitory.

Unlike other phenothiazines, PERMITIL alleviates symptoms of anxiety, tension, agitation and emotional unrest without depressant effect, impaired alertness or slowed intellectual function.

Furthermore, anxiety-induced symptoms of apathy, indifference, listlessness, reduced initiative and chronic emotional fatigue (often refractory to other phenothiazines) frequently respond to administration of Permittle. Thus, a significantly wider spectrum of "target symptoms" amenable to therapy is an outstanding property of Permittle.

Onset of action with Permittle is rapid and patients soon become more relaxed and less tense. The patient regains a more confident outlook and normal drive is restored. Permittle has an inherently long duration of effect. This makes possible a particularly convenient and easy-to-remember schedule of morning and evening dosage.



# PERMITIL

## to fit the promise to your office practice

"The pharmacologic management of psychiatric disorders challenges the therapeutic acumen of the physician. He must chobse a drug which will produce remission as quickly as possible with the least risk." In this regard, PERMITIL represents an advance over its predecessors because of its higher level of therapeutic response and low order of side reactions.

The adjunctive use of Permittle by the family physician enables him to provide effective pharmacotherapy for many of the emotional symptoms which constitute a major portion of patient disability in everyday office practice.

#### The Areas of Usefulness for PERMITIL:

- Behavioral disturbances characterized by anxiety, tension, apprehension and instability, as well as depressive symptoms associated with anxiety states
- Emotional stress accompanying organic disorders and complicating recovery from, or acceptance of, the underlying condition
- Chronic disorders in which anxiety and stress are contributing factors, e.g., gastrointestinal dysfunctions, neurodermatitis, asthma, premenstrual tension, arthritis, hypertension and tension headache

#### How to Prescribe PERMITIL:

PERMITIL has an inherently long duration of effect so that it need be given only twice a day making possible an easy-to-remember morning and evening dosage program. The lowest dose of PERMITIL that will produce the desired clinical effect should be used.

The recommended dose for most adults is one 0.25 mg, tablet twice a day

This may be increased to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms who have had a trial of lower dosages first that were well tolerated but were only partially effective. In such patients, the total daily dose may be increased to a maximum of 2 mg., given in divided amounts. (Dosage for children has not been established.)

#### Side Effects-Infrequent; Contraindications-Minimal:

At the recommended dosage of PREMITIL, side effects have been observed infrequently or not at all. PREMITIL, as with other phenothiazines, is contraindicated in severely depressed states.

Available in Tablets of 0.25 mg.; bottles of 50 and 500.

References: 1. Freyhan, F. A.: Psychopharmacology Frontiers, Boston, Little, Brown and Co., 1959, p. 7. 2. Ayd, F. J.: The current status of major tranquiliters, in press.

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WHITE LABORATORIES, INC., Kenilworth, New Jersey

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## **EMBEZZLEMENT:**

A Case History

'It happened to me,' says this dector, 'and there was nothing I could do about it. What's more, it was my own fault.' Are you making any of his mistakes?

BY DEREK ALEXANDER, M.D.

A bout a year ago, I mentioned to my nurse-receptionist that she might start planning to take some time off in the near future. She'd been with me more than a year at the time. But a week later, she simply didn't show up for work. When I finally tracked her down later in the day, her explanation was

vague. I gathered she had simply tired of the job, and I set about getting a replacement.

Over the course of the next few weeks, disquieting things began to occur. Discrepancies began to crop up in the "charge" and "paid" entries on patients' record cards. Patients would present themselves, with or without receipts, stating that they had paid on such and such a date. But no entry for such payment could be found.

On top of all this, an alarming number of patients' cards seemed to be missing from the files. I

THE AUTHOR, who writes here under a pen name, is a physician practicing in California.

was puzzled. The discrepancies on the cards *might* be honest mistakes. But the missing cards made me wonder . . .

Then one day, as I was spotchecking some cards, the entire picture suddenly came into focus. Suddenly, I saw that I'd been swindled. Now I knew why the girl didn't want to take a vacation and expose her technique to the eyes of a substitute nurse.

She'd been collecting cash from many office patients, then recording it as a "charge" on their record cards. Suppose, for example, that I saw Patti Smith on Sept. 12. After treating Patti, I turned her record card over to the nurse at the front desk. If Patti paid the indicated \$7 fee, the nurse recorded it on the card as a charge.

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The next time I'd see the card would be at the day's end. Then I'd proceed to enter all charges and cash receipts in my daily log (which I, rather than the nurse, had been keeping). And I'd never miss Patti Smith's \$7, which the nurse would have

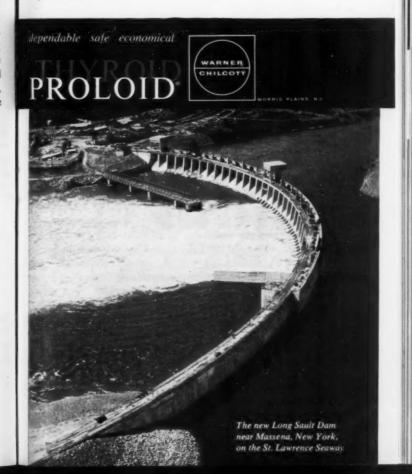


"My main trouble is: My hair hurts."

#### IMPROVING ON NATURE

This great river has been made more valuable to man because its power has been harnessed by this dam. Proloid, the only improved but complete thyroglobulin, offers similar evidence of man's ingenuity in improving on nature.

Proloid restores patients to a euthyroid state—but does so safely and smoothly. Our exclusive double assay assures unvarying potency from prescription to prescription. Three grains of Proloid daily is the average dosage for patients with mild forms of hypothyroidism.



withheld from the total turned over to me.

The nurse's next step would be to file Patti Smith's card not in the charge file, but in the paid-up file. And on Sept. 19 or 26, a week or two later, she'd pull the card from the file and make a false entry to the effect that payment had been received on Sept. 19 or 26. Then she'd put the card back in the paid-up file. I'd be none the wiser even now—if that proposed vacation hadn't frightened her into flee-ing.

#### Nab Her? Not Yet!

The next steps? Call in the gendarmes, arrest the culprit, arrange for restitution! Think so? Not quite so fast, Doctor...

The detective who responded to my complaint was most solicitous. He appeared satisfied that my accusation was valid. So he set me to work making out a written statement attesting to the circumstances of the case. After that, I assumed the nurse would be picked up and charged with the crime.

The detective checked in the next day. No, they hadn't picked up the nurse. They needed a more exact estimate of the loss. Don't want to make a false arrest, you know!

It took seventy-five manhours of work with my accountant (his time being paid for by me, of course) to come up with an estimated loss figure. We had to comb through all the record cards to make sure we missed none that covered the nurse's period of employment. We found over 100 instances of what we listed as false entries. In each case, the card indicated payment on a certain date, but there was no other evidence of the money's having been turned in.

We found another group of estimated losses by backtracking through patient-visit records. These showed that over 100 patients' record cards were missing from our files.

The detective now proceeded to set up a meeting with the local D.A. I soon found myself lugging record books and cards around for that worthy's perusal. The accountant accompanied me—still at my expense.

The D.A. listened sagely as the facts were presented. He agreed there was no question of guilt—in his opinion. Then he dropped the bombshell: "But can we prove it?" More



# **MADRIBON**

"...its simplicity of administration, safety, clinical response and reasonable cost make... [Madribon] a desirable drug in instances where it is equally effective [as the antibiotics], and a choice drug in many antibiotic-resistant cases."

M. J. Mosely, Jr., J. Nat. M. A., 51:258, July 1959.

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exception In 25 years, the antibacterials have progressed from the status heroic therapy to "universal" medication. This has brought in focus certain unexpected problems relating both to bacterial an minima to host response. essentia

Shifts in bacterial flora-particularly of the gastrointestinal, as we as the respiratory and urinary tracts-pose entirely new therapeut lewer p problems. The emergence of resistant strains of bacteria creates st conom another hazard. In addition, anaphylactic reactions often hamp critically needed therapy. reserve.

While the question of bacterial mutations and patient sensitivity undergoing continual intensive study, the immediate clinical ne is for a new anti-infective alternative.

NEW MADRIBON PEDIATRIC DROPS MA

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# MADRIBON

e safer, one-dose-a-day sulfonamide

wide-spectrum activity

high rate of clinical effectiveness—up to 90 per cent

atus exceptionally low incidence of side effectsess than 2 per cent—even in long-term use nt in

al arminimal risk of hazardous superinfections

essentially no danger of anaphylactic reactions

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vity l ne reserves antibiotic effectiveness for fulminating.

life-threatening infections

PS MADRIQID 125-mg capsule form of Madribon

### in respiratory infections

### the new alternative

### MADRIBON

### dosage:

for severe infections

MADRIBON TABLETS MADRIBON SUSPENSION MADRIQID CAPSULES	0.5 Gm 0.25 Gm/teasp. (5 cc) 125 mg		MADRIBON PEDIATRIC DROPS 12.5 mg/drop	
	first day	q. 24 hrs.	first day	q. 24 hrs.
Adults	2 Gm	1 Gm		
Children: 20 lbs	0.5 Gm	0.25 Gm	25 mg (2	12.5 mg (1 dro
40 lbs	1 Gm	0.5 Gm	drops) per lb	per lb body
80 lbs	2 Gm	1 Gm	body weight.	weight.

Continue therapy for 5 to 7 days or until patient is asymptomatic for at leaf 48 hours.

### for milder infections

Less severe infections will usually respond to one-half the above dosage.

Caution: The usual precautions in sulfonamide therapy should be observed, is cluding maintenance of adequate fluid intake. If toxic reactions or blood dy crasias occur, use of the drug should be discontinued. Madribon, like me sulfonamides and certain other drugs, is probably contraindicated in premature infants and newborns for the first week of life due to underdeveloped enzymature systems and liver and renal functions.

Supplied: Madribon Tablets: 0.5 Gm, double scored, monogrammed, gold color-bottles of 30, 250 and 1000. Madrido Capsules: 125 mg, gold colored-bottles 100 and 1000. Madribon Suspension: 0.25 Gm/teasp. (5 cc), custard flavored-bottles of 4 oz and 16 oz. Madribon Pediatric Drops: 10-cc plastic container with special tip for dispensing drop dosage—each cc (20 drops) provides 250 mg Madribo



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Announcing the 1960

## MEDICAL ECONOMICS AWARDS

for original articles written by physicians

\$500 for the one article adjudged the best of those submitted Up to \$300 for other articles found acceptable for publication

Thirty-seven physicians have won MEDICAL ECONOMICS AWARDS in the last three years. Their winning contributions have ranged from "What Happened When I Raised My Fees" to "How to Deal With the Seductive Patient."

If you've benefited from reading such contributions, maybe that makes it your turn to contribute. Here's how:

Write up your ideas on one carefully limited aspect of any broad subject in our field—practice management, for example, or human relations, or even medical humor.

Document your ideas with specific examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning an Award.

Send in your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N.J.—the sooner, the better, but postmarked no later than Jan. 31, 1960. Manuscripts should not exceed 2,500 words. They should be typed, double-spaced, on one side of the paper, and mailed in with a stamped, self-addressed envelope enclosed. MEDICAL ECONOMICS' editors will be the judges; their decision will be final.

MEDICAL ECONOMICS · OCTOBER 12, 1959 315

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Hadn't I just spent seventyfive hours proving it? No, I hadn't, the D.A. gently informed me. To prove that anyone other than myself had received unlisted monies in my office, we should be prepared to offer in evidence signed receipts and/or sworn testimony from patients that they did indeed hand said monies to said nurse on said dates!

I blew up. I said it would be absurd to expect a dishonest nurse to hand out receipts for money she intended to pocket. I said it would be impossible to track down over 200 patients for sworn testimony on something that had happened months ago. But my pleas fell on deaf ears. The D.A. suggested that we go to work and try to uncover receipts, question the patients, and see how far we got.

### No Receipts Given

I knew I'd never get far on the matter of receipts. I'd never insisted that the nurse hand out receipts to everyone who paid. In a one-girl office, I'd figured, the nurse usually has a lot more things to do than sit and write receipts. Besides, most payments came in by check anyway. I had never considered a receipt as something for my protection.

I lost hope even more when I learned two legal facts about receipts: (1) A carbon copy of a receipt is worthless as evidence; (2) A receipt signed in your name by someone else—even if initialled by her—is also essentially worthless as evidence that she made out the receipt. (Don't ask me why! That's what they told me.)

Well, if I couldn't prove my case with signed receipts, maybe I could still do it with patients' testimony. I set about compiling that list of more than 200 patients' names, addresses, and telephone numbers. Finally I turned it over to the detective, and he went wearily on his way.

Days dragged into weeks. What was taking so long? Occasionally I would contact my partner in crime detection by phone and learn that he was in the process of tracing out some hot forgery cases. Or there might be a sudden rash of shoplifting that was taking priority.

Then the weeks began turning into months. I would get an occasional inkling that progress was being made—but in round-about fashion. For example, one

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Regular: 1 1/4 Children's: Quick-acti GREASELESS available in 1

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MEDICAL ECONOMICS · OCTOBER 12, 1959 317

#### EMBEZZLEMENT

evening a patient called me and told me the F.B.I. was investigating my income!

Finally came the day of results! And, they were—you guessed it—all bad! The number of patients who were willing to appear in court was pitifully small.

"Well, what next?" I asked. The detective referred me back to the D.A.

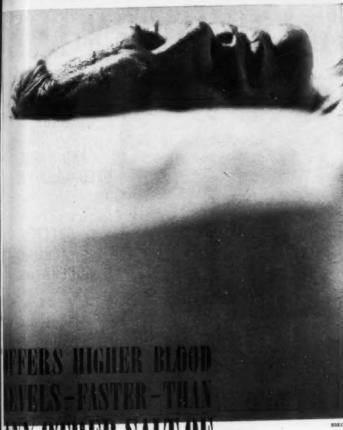
He went over the detective's report without batting an eye. It was obviously just about what he had anticipated. After much persuasion on my part, however, he finally agreed to check with the near-by big-city D.A. and see if he could round up some more help.

Sure enough, in a few days, there descended on my office a new trio of plainclothesmen. This was now more than eight months after I had filed my complaint.

These boys knew their business. They digested all there was to know about the case in about half an hour. Then they were on their way, leaving me with one disquieting morsel of information I hadn't known before: The



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# MY OTHER SALT OF AL PENICILLIN:



Supplied: Compocillin-VK Filmtabs, 125 mg. (200,000 units), bottles of 50 and 100; 250 mg:(400,000 units), bottles of 25 and 100. Composillin-VK Granules for Oral Solution come in 40-cc. and 80-cc. bottles. When reconstituted, each 5-cc. teaspoonful represents 125 mg. (200,000 units) of potassium penicillin V.

intiny, easy-to-swallow Filmtabs in tasty, cherry-flavored Oral Solution

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# ALL QUIET ON THE CO



LATEST ADVANCE IN SINUS AND NASAL DECONGESTION

SPECIFIC COUGH MODERATOR

BROAD RANGE COUGH/COLD FORMULATION

available only on your prescription

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# E COUGH/COLD FRONT

### " TABLETS

for prompt, sustained decongestant effect

ANTIHISTAMINE ACTION WITHOUT SEDATION SYSTEMIC DECONGESTION WITHOUT SIDE EFFECTS

ANALGESIC-ANTIPYRETIC ACTION WITHOUT DRUG STIMULATION

ANTI-STRESS VITAMIN TO MAINTAIN TISSUE

USUAL DOSAGE: Adults, 2 tablets initially, then 1 tablet every four hours. Children (6 to 12), half the adult dose.

SUPPLIED: No. 746 - bottles of 100 and 1,000 tablets.

RA" SYRUP
for control of useless/harmful cough

Acts Selectively - to subdue but not abolish the cough reflex. Safely - non-narcotic, nonconstipating. no toxicity reported. Swiftly-acts within minutes...lasts for hours, often providing nightlong relief with a single dose. Surely - preferred to dihydrocodeinone by 4 out of 5 patients.\*

\*Klein, B.: Antibiotic Med. 5:462 (July) 1958.

## COTHERA" COMPOUND for relief beyond cough control

MODERATES THE COUGH PROMPTLY-SPECIFICALLY IN PALATABLE SYRUP FORM

without sedation and respiratory depression COUNTERACTS HISTAMINE-INDUCED SYMPTOMS

with full potency and virtually no sedation

RELIEVES SINUS AND NASAL BLOCKAGE by direct, sustained vasoconstricting effect

RELIEVES PAIN, FEVER, AND HEADACHE

through potent but selective central action **SOOTHES IRRITATED MUCOSA AND PROMOTES** 

EXPECTORATION by demulcent, liquefying, and counterirritant properties

contains: Dimethoxanate HCl ... 25 mg. Isothipendyl HCl ("Theruhisting") ... 2 me. l-Phenylephrine HCl .. Acetaminophen ..... 100 mg.

Each 5 ec. (one teaspoonful)

Each tablet contains: Isothipendyl HCl

("Theruhistin8") ...

Aspirin ..... 230 mg.

Phenacetin ..... 160 mg. I-Phenylephrine HCl . . 5 mg.

Ascorbic Acid ...... 100 mg.

Ammonium chloride ... 100 mg. Sodium citrate ..... 50 mg. Chloroform ..... 0.25% Contains 10% alcohol

USUAL DOSAGE: For both "Cothera" Syrup and "Cothera" Compound-Adults and children over 8 years - 1 to 2 teaspoonfuls (5 to 10 cc.). Children (2 to 8 years) - 1/2 to 1 teaspoonful. Three or four times daily.

SUPPLIED: "Cothera" Syrup, No. 934 - Dimethoxanate hydrochloride, 25 mg. per 5 cc. (tsp.); "Cothera" Compound, No. 936 - Bottles of 16 fluidounces and 1 gallon.



AYERST LABORATORIES New York 16, N.Y. . Montreal, Canada

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statute of limitations for prosecution was about to run out!

The new men put in six thorough weeks of checking, rechecking, phoning and interviewing patients, etc. I'm sure they checked me out very thoroughly as well. They gave me to understand that the local D.A. would contact me after they had filed their report.

And the dear D.A. did just that. There was no mincing of words. Just the facts, man, just the facts. They showed that we did not have enough proof to justify any proceedings against the girl. And that was that. I respectfully thanked him for his trouble.

### Five Big Mistakes

What are the lessons to be learned? Let me list the errors I made and then note the correction thereof:

- 1. My nurse wasn't bonded. This is a must! Bonding removes some of the temptation to steal. The employe knows that the bonding company will leave no stone unturned in investigating any wrongdoing.
- 2. Properly signed receipts weren't given out to all patients when they paid. Today in my of-

fice, the nurse personally signs each receipt with my full name and her full name. And there are no exceptions.

- 3. I myself kept the daily log. Now, my nurse makes all entries. Thus, any discrepancy between entries in the log and on the cards is clearly her responsibility.
- 4. I never bothered to spotcheck my books. Now, every few weeks, I spot-check a complete day's business, comparing cards vs. log book vs. appointment book vs. receipts. This is important to do regardless of the bookkeeping system you use. There's no infallible system.
- 5. I assumed that the police would be anxious to prosecute. I learned that nothing could be further from the truth. Unless you hand them their case on a silver platter, with loads of admissible evidence, you must be prepared for delay and disappointment. They don't want to be caught making a false arrest or accusing unjustly. They may even bend over backwards to protect the accused.

In sum, your best bet against embezzlement is to see to it that it just doesn't happen in your office.

White's Vitamin A and D **Ointment** clinically well established for its emollient-protective and healing actions is now also available with 0.5 per cent Prednisolone for its potent anti-inflammatory anti-pruritic actions and patient comfort.

White's Vitamin A and D Ointment with Prednisolone 0.5 per cent

In 10 and 25 Gm, tubes on prescription.

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### Steamed Up **About Relative** Value Scales

Continued from 92

time and skill than they once did.

Points out Dr. Francis J. Cox. chairman of the committee that drew up the California scale: "The relative values of, say, an appendectomy and a hysterectomy will probably stay the same. But the relative value of cardiac surgery should come down; it's becoming less difficult. Or take pneumonectomies. I remember the first one: I held the retractors in the case. Its value was tremendous then. Now even residents are doing pneumonectomies."

O. If my state medical society adopted a scale, shouldn't it set up two-one for metropolitan and one for rural areas?

A. No, say physicians who have studied such scales. Never forget that relative value scales are not fee schedules. Since every doctor can place whatever dollar value he likes on the basic point value of a scale, the rural man can use a given scale exactly as does his big-city colleague.

In other words, though dollar charges vary, relative values don't. In relation to an appendectomy, a tonsillectomy is likely to cost as much in Hayfork, Calif., as it does in San Francisco. END

## Big man

A colleague of mine, Dr. Smith, owned a parking lot next to his office. He sold the lot, and the new owner started excavating. However, the workmen neglected to remove the sign that had marked the parking space set aside for the doctor's car. So for a while there was a tremendous hole in the ground with a sign next to it reading, "Reserved for Dr. Smith." -MORTON L. ANGELL, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

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SMITH -

# —All cold symptoms can be controlled



# Tussagesic

Controls congestion

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with Triaminic, 1,2,3 the leading oral masal decongestant.

Controls aches and fever

with well-tolerated APAP, non-addictiveanalgetic and excellent antipyretic.5

### Each TUSSAGESIC Tablet provides:

APAP (N-acetyl-p-aminophenol) ...

TRIAMINIC®	50 1	mg.
phenylpropanolamine HCl25	mg.	
pheniramine maleate12.5	mg.	
pyrilamine maleate12.5	mg.)	
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(brand of dextromethorphan HBr)	. 30 r	ng.

Lhotka, F. M.: Illinois M. J. 112:259
 (bc.) 1857. 2. Pabricant, N. D.: E.E.N.T. Monthly 37:469
 (bd.) 1858. 5. Parmer, D. F.: Clin. Med. 5:1183 (Sept.)
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 A. B. Drugs of Choice, Mooby, St. Louis, 1968, p. 547.
 A. B. Drugs of Choice, Mooby, St. Louis, 1958, p. 547.

Controls cough centrally

with non-narcotic Dormethan, possessing "amply demonstrated" antitussive activity, as effective as codeine.

Liquefies tenacious mucus with terpin hydrate, classic expectorant.

Prompt and prolonged relief because of this special "timed release" design:



first - the outer layer dissolves within minutes to give 3 to 4 hours of relief

> then - the inner core releases its ingredients to sustain relief for 3 to 4 more hours

Dosage: One tablet in the morning, midafternoon and at bedtime. Pediatric dosage chart for Tussagesic Suspension available on request.

TUSSAGESIC SUSPENSION provides palatability and convenience which make it specially attractive to children and other patients who prefer liquid medication.

325 mg.

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### IN NAUSEA/VOMITING/VERTIGO



# MCOMPLICATED as no known contraindistions; free of hepatic, potensive, and hematogic hazards observed with phenothiazines

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BONAMINE
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BONINE

either way your patient gets the SAME superior product

### SPECIFIC

Avoids unnecessarily diffuse or diverse drug action; effective in economical ence-a-day dosage

### ESTABLISHED

6-year record of successful use in daily practice; consistently favorable reports<sup>1-10</sup>

### BONAMINE

SUPPLIER.

DANNE Tablets, scored, 25 mg

BONINE Chawing Tableta, mint-flavored, 25 mg.

CONTROL Elicir, charry-flevored, ideal for children, 12.5 mg. per temperature 5 cc.).

SCEACE: Adults, 25 to 50 mg. once a day. Children, usually half the adult dose.

### DONNIE REFERENCES.

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\*Trademerk

### Should You Buy A Retirement Income Policy?

Continued from 103

While your insurance investment won't rise in value like a good common stock, it won't drop like a bad one.

¶ The insurance policy is an incentive to regular saving. You might become careless about a self-imposed stock-purchase schedule; but you're unlikely to let an insurance policy lapse.

### **Tax-Saving Angle**

¶ The interest earned by your cash values builds up and compounds tax-free. It will be taxed only as you draw annuity payments after you retire, when you're likely to be in a lower tax bracket. (Because of the way annuity income is treated, some of it may never be taxed at all.) Dividends on most other forms of investment are taxed as they're declared.

The disadvantages:

¶ Life insurance cash values are a fixed-dollar investment. They don't ride with inflation the

way a good common stock might. When retirement time comes, the cash value could buy a lot less than it might now.

¶ There's no chance for capital gain in your insurance investment. Your policy will pay off the number of dollars it promises, no more and no less.

¶ The rate of interest earned by your cash values is relatively low. Right now, insurance reserves are earning between 3-3½ per cent. You can do better today in many savings and loan associations and in bonds.

### Should You Buy One?

Weighing the pros against the cons, you'll no doubt reach what seems an inescapable conclusion. It's that you're actually justified in buying a retirement income policy only if:

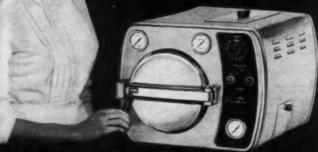
- Your family has very nearly enough life insurance protection.
- You want a safe and regular savings program in which your money may not appreciate much but will at least not depreciate too badly.
- For the sake of such a program, you're willing to take on an expensive, long-range financial commitment. More



at its finest in the new,

# PEL-CLAVE

MODEL GN



All the splendid features of the popular, doublejacketed FL-2 and HP-2 autoclaves PLUS:

- + SINGLE KNOB CONTROL.
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- + SAFETY DOOR CANNOT BE OPENED UNDER PRESSURE.
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To sterilize, simply turn control knob to STER, set timer for length of cycle. When exhaust light indicates conclusion of the cycle, turn control knob to EXHAUST, unload the chamber. Complete operation is simplicity in the highest degree.

SEE THIS NEW MODEL AT YOUR DEALER ... OR WRITE DIRECTLY TO:



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Like the hummingbird . . .

presents an unusual combination of speed, efficiency and safety

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### urinary infection

With swift, safe, sure antibacterial-anti-spasmodic action, URISED scotches most urinary infections . . . relieves pain, burning, urgency and frequency . . . speeds mucosal healing . . . relaxes smooth muscle mucosa . . . normalizes urinary tone and function.

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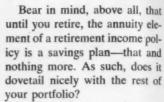
It has no known contraindications, confers many advantages of sulfas and antibiotics without danger of drug fastness or idiosyncrasy.

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Bottles of 100, 1000 and 2000 tablets. Each URISED tablet contains atropine sulfate 1/2000 gr., hyoscyamine 1/2000 gr., with methenamine, methylene blue, benzoic acid, salol and gelsemium.

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If most of your savings are now in life insurance, bank accounts, and bonds, maybe you'd do better to buy some promising growth stocks or mutual fund shares at this juncture. But if you're already deep in the stock market, the retirement income policy is worth thinking about as a fixed-dollar hedge.

Amusing . . . Amazing . . . Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

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Aunt Effie was the family's all-out worrier Things were bad? . . . they'd get worse. Going well? Look out for trouble. Nervous as a cat, she had a stomach to match and only her "soda" to console it.

The years and Aunt Effie have passed, but not the dedicated worriers. Today, though, you can provide lastingly effective pain relief and acid control for their nervous stomachs with Gelusil ... the antacid adsorbent Aunt Effie should have had.

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will find BAKER'S
MODIFIED MILK an
economical, simple,
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assure an adequate
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Mothers don't have to worry about vitamin supplements when their babies are on Baker's Modified Milk. Adequate amounts of all essential vitamins are already in the formula. Mothers never have vitamins to buy. Their babies receive them automatically in the formula—in accurate amounts, conveniently and at no extra cost. Supplying vitamins this way lessens the danger of encountering either vitamin deficiency or overdosage—another important factor in Optimum Nutrition\*.

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	PER QUART (1:1 dilution)	RECOMMENDED DAILY ALLOWAND
Vitamin A	2500 U. S. P. units	1500 U. S. P. uni
Vitamin D	800 U. S. P. units	400 U.S.P. unit
Ascerbic Acid (C)	50 mg.	30 mg.
Thiamine	0.6 mg.	0.5 mg.
Niacin	10 mg. equiv.	7 mg. equiv.
Riboflavin	1 mg:	0.7 mg.
Vitamin Bo	0.16 mg.	- not established

NOTE: The quantities of vitamins in Baker's Modified Milk will supply Recommended Daily Allowances to infants whose daily formula intake is as low as 26 ounces.



 Providing all the normal dietary requirements plus a reserve for stress situations.

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Makers of VARAMEL • a flexible formula
Cleveland S. Ohio



### Questions They're Asking About Group Practice

Continued from 109

you get annoyed if other people don't agree with you? Must you have your own system for recording case histories? Do you take only one or two weeks' vacation—and think that's all any sensible physician should take? "Yes" answers suggest you probably belong in solo practice.

Q. How many employes does

a group need?

A. Most successful groups say they need about two and onehalf to three persons per doctor.

Q. Does every group need a

business manager?

A. I think so, and most groups agree. One of the studies I've referred to reveals that nearly two out of three groups have started with a business manager. Says a spokesman for one group that didn't:

"When we started, we thought we weren't large enough to afford a good business manager. So we divided the work among the six of us. One doctor was in charge of accounting and collecting. Another was supposed to handle personnel. A third was assigned to public relations. And so on. It didn't work, and we almost broke up. Finally, in desperation, we hired an able business manager. That was when the group really began to move forward."

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Q. What's the best way for a group to arrange patients' ap-

pointments?

A. In a small group, it probably doesn't make much difference whether each doctor (or his aide) makes his own appointments or whether some other system is used. In a group of ten or more men, a central system is apt to be less expensive and more efficient. It's also fairer. It keeps one doctor from having a huge patient-load while another man in the same field sits around with not enough to do.

Q. Is it a good idea for a group to have a restrictive covenant in its constitution?

A. The value of such covenants is widely debated. About half the groups I know of have them; the other half don't. As you know, a restrictive covenant bars a doctor who leaves a group from practicing within a certain

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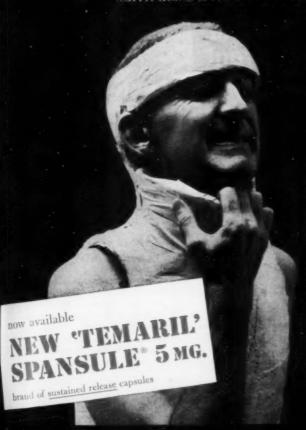
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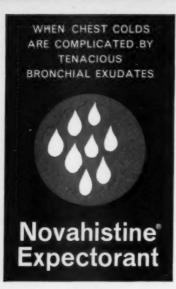
Itching can be torment ... particularly for the surgical patient in a cast or in tape. The only way to relieve his itch is with a potent oral antipruritic ... like Temaril. Traditionally, cast and "post-op" patients have had to grin and bear it, but now, with 'Temaril', you can make them comfortable and enable them to sleep soundly.

TEMARIL® tablets & syrup

for the relief of itching

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### OPENS

all air passages

by reducing congestion and swelling with a vasoconstrictor combined with an antihistamine

### CONTROLS

cough spasm with the effective antitussive action of dihydrocodeinone

### CLEARS

tenacious exudates from trachea, bronchi and lungs through the liquefying and expectorant action of ammonium chloride

Each 5 cc. teaspoonful contains: phenylephrine HCl, 10 mg.; prophenpyridamine maleate, 12.5 mg.; dihydrocodeinone bitartrate, 1.66 mg; ammonium chloride, 135 mg.; sodium citrate, 84.5 mg.; chloroform, approx. 13.5 mg.; I-menthol, 1 mg., and alcohol 5%. Exempt narcotic.



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### GROUP PRACTICE

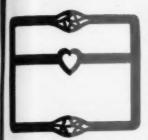
radius for a certain period of

Unquestionably, some doctors do join groups only in order to build a reputation. As soon as they've built it, they leave-and take local group patients with them, unless a restrictive covenant prevents them from practicing locally.

But such covenants have also been known to backfire. If local people get the impression that the group members have ganged up on a departing doctor, the group may well suffer bad public relations. END

### WANT TO REACH RESIDENTS AND INTERNES?

If you're looking for a new associate, selling a practice, or announcing something of special interest to young physicians, tell them about it in the RISS Edition of MEDICAL ECONOMICS. Each month it's read by 25,000 residents, 10,000 internes, and many senior students. An announcement in the new classified advertising section of RISS costs only \$5 for the first three lines (about 20 words), \$1.50 for each additional line (about 6-7 words). Write RISS, Incorporated, Oradell, N.J.



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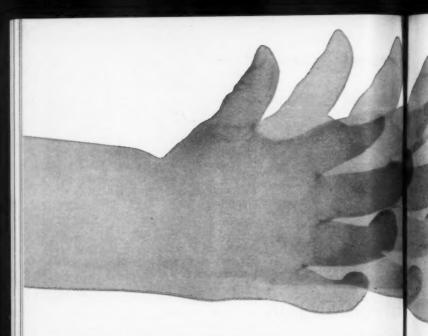
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The dependable diuretic action of Ademol rapidly controls the clinical and subclinical edema often associated with cardiovascular disease. And after Rautrax has normalized the fluid balance, the normal serum electrolyte pattern is not altered appreciably by continued administration. Ademol also potentiates the antihypertensive action of Raudixin. In this way a lower dose of each component controls hypertension effectively and safely... with fewer side effects.

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... costs your patient less

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1. Litchfield, H. R.: Arch. Pediat. 76:73, 1959

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02% hydrocortisone with 2% pantothenylol in a water-miscible, pleasant cream base. For safe, less costly treatment of extensive skin areas or where herapy is long continued. Tubes of 15 Gm, and 2 oz., 1 lb. jars.

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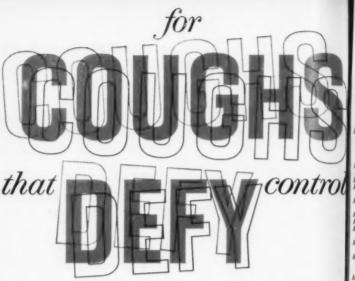
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in the cough of postnasal drip and sinusitis, interfering with restful sleep night after night

in the defiant cough, where combined decongestant-antitussive action is required to break the cough-congestion cycle

in the dangerous cough, as in surgical patients, where muscular stress might cause damage and retard healing

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### more prolonged relief.

This special "timed release" design of the Tussaminic Tablet provides full Jaytime to lief with the convenient dosage of I table every 6 to 3 hours, and night-long relief wit I tablet at bedtime.



first - 3 or 4 hours of relief from the outer layer then - 3 or 4 more hours

from the core

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maleate, 25 mg.; pyrilamine maleate, 25 mg.) Dormethan (brand of dextromethorphan HBr) .....30 m Terpin hydrate . 300 m

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MEDICAL ECONOMICS · OCTOBER 12, 1959 345

## Memo

From the Editors

### **Problem Clinic**

MEDICAL ECONOMICS gets its article material from the best sources it can find around the country. Sometimes it interviews a single authority; sometimes it interviews several in turn; sometimes it surveys hundreds or thousands of doctors to find out what they're doing about a given problem.

But something more is needed to solve some of the knottiest problems you face. We mean the sort of problem where one expert's recommendations differ sharply from the next expert's. A series of separate interviews would leave you wondering what to do. So would a survey showing what other doctors were doing-if they themselves were in doubt about the best solution.

What's needed in such cases is a real thrashing out of the problem, with experts representing every viewpoint talking their way toward a consensus. And that's just what MEDICAL ECONOMICS has arranged.

It set up a "problem clinic" in

New York City. It brought there eight leading professional business consultants from all over the country. It added as many more practicing physicians and MEDICAL ECONOMICS editors. It got them all talking for the better part of two days about these major problems, among others:

How much malpractice insurance should today's doctor carry? What types should he favor or avoid?

When and how should the doctor scale his fees up or down according to the patient's ability to pay?

What should the doctor do about borderline tax deductions? Which ones should he not take? Which should he take, and how can he best support them?

¶ What are the secrets of family money management that so many medical families seem not to know? What steps can they take to be sure of living within their incomes and saving something besides?

¶ What are the best means open to today's doctor for building his estate? How much should he rely on life insurance, mutual funds, growth stocks, real estate, etc.?

At the end, all participants said they'd arrived at some useful new conclusions. We think you'll agree when the results are relayed to you. Look for them soon.